

Second International Conference on Nutrition (ICN2)
Framework for Action: Second Draft
8 September 2014

1. FROM COMMITMENTS TO ACTION

1.1 Background

There has been a significant improvement in overall nutritional status since the 1992 International Conference on Nutrition (ICN). Today, more people than ever before are able to meet their nutritional needs. Yet, progress in reducing hunger and malnutrition has been uneven and unacceptably slow. The prevalence of those suffering undernourishment has declined, but still remains unacceptably high, with over 800 million people suffering from hunger, mainly in South Asia and sub-Saharan Africa.

Moreover, most countries are burdened by multiple types of malnutrition. Wasting or acute malnutrition affects 51 million children while stunting or chronic malnutrition affects 162 million children. Over two billion people suffer from one or more micronutrient deficiencies, while over half a billion are obese, with an increasing incidence of diet-related non-communicable diseases (NCDs).

The common denominator among malnutrition in all its forms is nutritionally inappropriate diets, but the particular nature and causes of malnutrition are complex and multi-dimensional, varying significantly from context to context.

Following the 1992 ICN, many countries prepared National Plans of Action on Nutrition, reflecting their own priorities and strategies for alleviating hunger and malnutrition. Unfortunately, implementation and progress have been patchy and often unsatisfactory due to inadequate commitment and leadership, financial constraints, weak human and institutional capacities, depletion of natural resources exacerbated by climate change, and lack of appropriate accountability mechanisms.

Meanwhile, the food system has continued to evolve with an even greater proportion of food being processed and traded, leading to the greater availability

of foods with high energy, fats, sugars and salt. More problems are being addressed now, but such efforts need to increase and be made more coherent. The fundamental challenge today is to improve nutrition sustainably through better policy coordination across all relevant sectors—that include, at the minimum, agriculture and food, health, social protection, education, employment, trade, environment, information, consumer affairs and planning.

This Framework for Action (FFA) is guided by and complements the 2014 Rome Declaration on Nutrition, a collective commitment made at the Second International Conference on Nutrition (ICN2). It builds on commitments made at the first ICN in 1992, which unanimously adopted a World Declaration and Plan of Action for Nutrition, and commitments made at the World Food Summits of 1996 and 2002 and the World Summit on Food Security of 2009. It also builds on the Comprehensive Implementation on Maternal, Infant and Young Child Nutrition¹ and the Global NCD Action Plan 2013-2020².

The FFA encourages and supports realization of the UN Secretary General's Zero Hunger Challenge and contributes to the debate on the post-2015 development agenda by contributing to the proposed Sustainable Development Goals to “End hunger, achieve food security and improved nutrition, and promote sustainable agriculture” and to “Attain healthy lives for all”. It also avails itself of the experience of the Scaling Up Nutrition (SUN) movement and the Global Nutrition for Growth Compact.

1.2. Purpose and targets

The purpose of this FFA is to assist in implementation of the Rome Declaration on Nutrition by recommending a set of policy options and strategies which governments³, acting in cooperation with other stakeholders, may incorporate in their national nutrition, health, development and investment plans and consider in negotiating international agreements.

As governments have primary responsibility for taking action at country level with the involvement of affected communities and in dialogue with a wide range of stakeholders (local communities, farmers, consumer groups, professional associations, civil society organizations, grassroots movements, the private sector, research community, and international community, including

international organizations and multilateral financing institutions), the recommendations are principally addressed to government leaders. Governments and other stakeholders may weigh the appropriateness of these policies and actions against national and regional priorities appropriate to their own needs and conditions. Other stakeholders are invited to consider such policies and strategies and to review their policies and practices in order to align them accordingly. For the purpose of accountability, this FFA adopts existing global targets for improving maternal, infant and young child nutrition⁴ and for NCD risk factor reduction⁵ to be achieved by 2025.

2. CREATING AN ENABLING ENVIRONMENT FOR THE DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE POLICIES TO IMPROVE NUTRITION

Success in fighting malnutrition in all its forms requires:

- political commitment and leadership to prioritize nutrition-enhancing approaches;
- improved governance to coordinate interventions and adequately invest in nutrition;
- adoption of effective policies, strategies and programmes to address structural determinants and immediate causes of malnutrition and treating its effects;
- enhanced and sustained human and institutional capacities for effective action, including policy and programme design, management, monitoring and evaluation;
- increased, better aligned public and private investments in support of established nutrition goals.

Measures to achieve better nutrition, through improved governance of food, health and related systems include:

- coherent national policies with explicit targets and situation-appropriate strategies to increase the availability of and access to diverse foods and to empower people to make affordable, appropriate and culturally-sensitive healthy dietary choices;
- effective multi-sector cooperation to address different determinants of malnutrition and to ensure essential services for communities most vulnerable to malnutrition;

- engagement of partners to create and sustain an inclusive enabling environment for improved nutrition; effective and lasting partnership requires trust, mutual accountability and willingness to address conflicts of interest;
- assessment and accountability: regular and systematic public assessments of progress to enhance accountability and effectiveness, and to improve resource use.
- support for national nutrition governance; international support for national nutrition governance is also needed to enable national authorities to establish and implement their own national policies and strategies; shared international norms to reduce frictions and enhance national efforts.

Actions to address malnutrition are among the most cost-effective for development, providing very high economic returns. The potential human, societal and economic gains from turning the commitments of the Rome Declaration into action are substantial, while the costs of inaction are high. Available resources should be used to introduce or scale up the most appropriate, cost-effective, evidence-based, nutrition interventions. This often requires complementary investments in food production, health, education, water, sanitation and hygiene.

Recommended actions to create an enabling environment for policy development and implementation

1. Enhance mobilization, political commitment and social participation for nutrition at country level through political dialogue and advocacy.
2. Develop, or revise, and cost National Nutrition Plans, and align policies that impact nutrition across different ministries and agencies.
3. Establish national cross-government, inter-sector, multi-stakeholder governance 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 conflicts of interest.
4. Strengthen national leadership, legal frameworks, and strategic capacities for nutrition.

5. Increase country-level investment in nutrition; generate new resources through innovative financing tools, engage development partners to increase Official Development Assistance and encourage private investments as appropriate.
6. Improve the availability, quality, quantity and coverage of nutrition data.
7. Strengthen information systems related to nutrition and improve the use of existing information for policy development.

3. POLICY AND PROGRAMME OPTIONS TO IMPROVE NUTRITION IN ALL SECTORS

Addressing malnutrition is strengthened by a common vision and a multi-sector approach that includes coordinated, coherent, equitable and complementary interventions in food and agriculture systems, health, social protection and education among others. Adoption of options will vary among countries, in line with national challenges, plans and priorities. Policy-makers should understand the specific nature of their malnutrition problems to design appropriate, coherent, and targeted interventions that address different needs across population groups, especially of women and children.

3.1. Sustainable food systems

Food systems – from production and supply chain handling, to processing, storage, transportation, marketing, retailing and consumer behaviour – are key to improving diet and nutrition. As isolated interventions have limited impact, policies and plans should consider food systems in their entirety.

Food system based responses to malnutrition include diversified food production and livelihoods, better storage and nutrition education. ‘From farm to fork’, there are opportunities to improve nutrition quality and food safety. Better diversification, plant management (through soil improvement, and micronutrient-rich fertilizers), as well as crop selection, storage, preservation and processing, increase the nutrient value of food.

Since food systems have become increasingly complex and strongly influence the ability of consumers to consume healthy diets, innovative food system solutions are needed to ensure access to sustainable and healthy diets for all.

A healthy, balanced diet includes a variety of cereals, legumes, vegetables, fruits and animal source foods, containing enough macronutrients (carbohydrates, fats and protein), fibre and essential micronutrients (vitamins and minerals) to meet most people's needs⁶.

3.1.1. Sustainable food supply

Food systems are being increasingly challenged to achieve sustainable food production due to increased and changing demand for food as well as constraints posed by limited productive resources and skewed access. Food supply chains play a critical role in food security for all by influencing access to food.

Globally, the food system contains a diverse mix of traditional and modern supply chains. Both offer risks and opportunities for nutrition. Low-income consumers in low and middle income countries have a greater tendency to buy food via traditional supply chains, where losses are high, and safety and quality control are limited. Modern processing and retailing offer more fruits, vegetables and animal-source foods through cold chain storage, and contribute to improved food quality and safety, but highly processed foods of low nutritional value contribute to rising obesity and diet-related NCDs.

Investing in rural populations, who are integrally involved in all food supply chains, is vital to equitable human development. This involves rural economic growth with better access to transport, modern energy and information. Small-scale producers and family farmers, many of whom currently lack access to critical inputs and markets, can be more effectively engaged to meet local nutritional and economic needs, while large commercial producers are critical to stabilizing global supply and prices, and to applying sustainable practices at scale.

Gender-sensitive interventions that recognize women's circumstances and potential serve to improve universal nutritional outcomes. Raising women's incomes brings great benefits as women manage household resources and greatly influence household food consumption. Improving agriculture and food

technology gives women more time, improves their incomes and nutrition, and generally enhances their well-being. It is also important to increase women's control over income, and their access to resources such as land, agricultural inputs, technology and support.

Shocks, conflicts, emergencies and crises have increased in recent years, in both frequency and intensity. Resilience is necessary to prevent further deterioration of the nutritional status of crisis-affected populations, while nutrition is critical to strengthening both community and individual resilience. Resilience requires that preventive and curative interventions to address the underlying causes of malnutrition be implemented before, during and after crises.

Changes in temperature and rainfall patterns affect production and productivity and, thus, the crops that can be grown or animals (livestock, fish) that can be raised or captured. This directly affects diets and nutrition, smallholder farmer incomes, as well as food price volatility. Conversely, food systems themselves have a major impact on the environment, with some food production contributing significantly to greenhouse gas emissions⁷.

There is an urgent need, therefore, to develop more sustainable food systems by identifying, defining and adopting sustainable food production and consumption practices. Agreement on shared principles of sustainability in promoting healthy diets is needed, and this will require policy coherence between the environment, agriculture and food sectors.

Trade-offs between achieving nutrition targets and other goals need to be considered, and possibly among nutrition targets, including investments in rural infrastructure that can increase production, lower prices, raise farmer incomes and improve nutrition.

Recommended actions for sustainable food supply

1. Integrate nutrition objectives into food and agriculture policy and programme design and implementation.
2. Strengthen the viability of local food production and processing, especially by smallholder family farms.

3. Invest in programmes that empower women, increasing their incomes and nutritional status.
4. Enhance dietary quality and diversity by diversifying the crop mix, promoting local varieties and developing new plant varieties with improved nutrient content.
5. Improve animal production, including fish farms and small animal management, to enable appropriate intake of animal-sourced products where needed.
6. Facilitate and encourage food production practices that sustainably use and manage natural resources, ensure sustainable and economic use of inputs (such as water, agro-chemicals and energy), and improve resilience to climate change.
7. Improve storage preservation, transport technologies and other infrastructure to improve distribution and to reduce seasonal food insecurity, nutrient content loss and waste, and logistical inefficiencies.
8. Review national policies and investments which influence the food supply chain to ensure they support a food supply capable of enabling healthy diets, and coherence with nutrition objectives, as well as to identify opportunities to pursue nutrition-enhancing improvements throughout the supply chain.
9. Better analyze and address causes and consequences of under-nutrition and other threats to good nutrition, and develop more nutrition-oriented food and agriculture information systems.
10. Establish and strengthen institutions, policies, programmes, and services to enhance the resilience of the food supply in crisis-prone areas.
11. Adopt and adapt international guidelines on sustainable healthy diets⁸.

3.1.2. International trade and investment

Trade and investment have become increasingly important to food systems. Trade and investment agreements affect how the food system functions at global, regional, national and local levels, influencing food prices, availability, access and consumption as well as nutrition outcomes, food safety and dietary options.

Coherence between trade and nutrition policy is vital. Trade policy should support and provide adequate flexibility to implement effective nutrition policies and programmes. While trade has substantially increased food access for

people, trade policies and agreements should not produce a negative impact on people's nutrition. Innovations in nutrition of public health relevance should be covered by WTO's public health exception to its intellectual property rights agreement.

Recommended actions in international trade and investment

1. Encourage governments, the World Trade Organization (WTO), UN agencies, programmes and funds, and other international organizations relevant to trade (e.g. CARICOM, European Commission, OECD) to review trade and investment policies for coherence with global nutrition policies and actions to achieve global food and nutrition targets, including the global 2025 nutrition targets.
2. Ensure that national nutrition policies and programmes are consistent with international food standards, including internationally agreed sanitary and phytosanitary measures, and measures for food composition and labelling, as applicable. Guidance on these measures is provided by the Codex Alimentarius Commission.
3. Accelerate efforts to conclude and implement the Doha Development Round of WTO multilateral trade negotiations by amending the Agreement on Agriculture to support food security and nutrition.

3.1.3 Food environments for healthy diets

Food environments are the collective surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status. The type of foods produced and how they are processed, traded, retailed and marketed through the supply chain influence food environments. Better access to a balanced diet requires a healthy food environment. Information and education concerning dietary food choices are vital, but consumers must also be empowered through food environments that ensure more nutritious diets are affordable and accessible⁹.

Food environments that provide safe, diverse and healthy diets are particularly important for vulnerable groups, including refugees, who are more constrained by lack of resources.

Recommended actions for food environments

1. Establish food-based or nutrient-based standards in schools (for meals, vending machines, kiosks, etc.), as well as in shops close to schools, making available foods that deliver healthy diets, and provide safe drinking water without charge.
2. Establish and apply standards for affordable foods for healthy diets in public institutions such as hospitals, childcare facilities, workplaces, universities, government offices and prisons, and encourage facilities for breastfeeding.
3. Provide incentives for retail, food and catering services to offer healthy, affordable food options and meals.
4. Explore policy tools – such as pricing policies, economic incentives and disincentives, regulations, labelling, public food procurement policies and education – to improve accessibility and affordability of nutrient rich foods and to promote healthy diets.
5. Encourage removal of industrially-produced trans-fats, reduction of sugar, salt and saturated fatty acids from foods and beverages.
6. Better regulate marketing of foods and non-alcoholic beverages to children, following WHO recommendations.

3.2 Nutrition education¹⁰ and information

Knowledge and education empower people to make informed healthy dietary and lifestyle choices, to improve infant and young child feeding and care, to improve hygiene and health promoting behaviour. Lifestyle and behaviour change is an important objective of nutrition education. It can also help reduce food waste and boost sustainable resource use. Governments, NGOs, the private sector and nutrition advocates should lead by example, and help promote desired healthy lifestyle changes.

Dietary guidelines should offer simple dietary advice and information on the right amounts and combinations of foods. These guidelines should also influence trade, agriculture, food security and environment policies, while setting dietary standards in schools, pre-school programmes, workplaces and other locations serving regular meals. Schools can promote healthy eating because

schoolchildren are at a critical age in forming good dietary habits. Food and nutrition knowledge and skills should be in primary and secondary school curricula. Better hygiene practices are also important.

Health services should be more active in nutrition education; dietary counselling should be part of primary health care, and nutrition counselling part of health workers' training. Pre-natal and post-natal dietary counselling can significantly improve maternal and child nutrition. Adolescent girls and women in particular will benefit from better nutrition education to promote exclusive breastfeeding in the first six months of life and appropriate infant and young child feeding. Educational outreach should extend to husbands, fathers and other caregivers.

People should be informed of the nutritional content of food and meals at the time of purchase through easy-to-understand nutrition labels. Regulations on nutrient and health claims are also needed to safeguard consumers.

Food marketing powerfully influences food choices. Excessive marketing pressure, particularly on children, has promoted unhealthy dietary choices. Measures to limit such influences are therefore needed. However, social marketing campaigns can complement other policies to promote dietary changes.

Recommended actions for nutrition education

1. Adopt and implement a coherent nutrition education policy based on national dietary guidelines including public education about food and diets, improved school curricula, and nutrition education in the health services.
2. Build capacity, particularly for social workers, agricultural extension personnel, teachers and health professionals in medicine, nursing and nutrition.
3. Conduct social marketing campaigns and lifestyle change communication programmes to promote dietary diversification, consumption of micronutrient-rich foods, including traditional foods, better child and maternal nutrition, and adequate breastfeeding and complementary feeding.
4. Establish and enforce labelling and nutrient/health claim regulations.

3.3 Social protection

In 2012, the UN General Assembly recommended comprehensive universal social protection beginning with basic or minimum ‘social protection floors’. Given the limited and uneven progress in reducing poverty, hunger, food insecurity and malnutrition, and the currently dim prospects for economic and employment growth in much of the world, comprehensive social protection is needed to eliminate poverty, hunger and undernutrition.

Social protection programmes should deal with all forms of malnutrition, as in many parts of the world the poor are disproportionately affected by overweight and dietary risk of NCDs.

Social protection through provisioning – such as food distribution, cash transfers and school feeding – can increase incomes and strengthen resilience. Various forms of social protection can improve diets through better food access and utilization. When combined with relevant health services, well-designed social protection programmes result in improved height, reduced anaemia, increased dietary diversity and raised consumption of nutrient-dense foods, especially in low-income households with infants and children.

Programmes that increase household incomes and purchasing power – such as cash transfers (conditional and unconditional) and guaranteed work – raise local spending and demand for local products, including food, and can make the difference in dietary diversity for the poor.

Focusing on women typically increases household impacts. Social protection programmes have the potential to empower women which, in turn, positively impacts on nutrition among all members of low-income households.

Social protection can enhance small producer resilience by preventing destitution during times of crisis besides raising production and productivity, both on- and off-farm. Natural and man-made disasters usually threaten local food supplies, exposing those affected to food insecurity and malnutrition. Safety net interventions can address food shortfalls during such crises while providing access to food for the most vulnerable.

When food is not easily available on the market, particularly during emergencies, in-kind food transfers can be much more effective than cash transfers, which can even cause local food price increases. Nutrient-dense foods other than cereals accompanied by supplements can address micronutrient deficiencies, but dietary diversity is the main sustainable solution to all forms of malnutrition, including ‘hidden hunger’.

Food baskets of social protection programmes need to be designed so that a healthy diet is promoted.

Recommended actions on social protection

1. Incorporate nutrition objectives into social protection programmes and into humanitarian assistance safety net programmes.
2. Use conditional and unconditional cash and food transfers to improve diets through better access to culturally acceptable, nutritionally adequate foods for healthy diets.
3. Set up public paid employment schemes, especially for rural women, to work on infrastructure and community services.
4. Promote school feeding programmes offering a daily meal to meet nutrient, especially micronutrient needs and to encourage school attendance with safe nutrient-rich foods procured from local small food producer collectives.

3.4 Health systems

Health systems are increasingly challenged to tackle the evolving needs presented by the multiple forms of malnutrition and their health consequences. Strong health systems are needed to prevent and treat malnutrition in all its forms, as well as to prevent and treat recurrent infections which can aggravate undernutrition. In addition, health systems also have to deal with the long-term health needs associated with overweight and obesity, and the prevention and control of diet-related NCDs.

A number of interventions have been shown to be effective in improving nutrition¹¹.

Scaling up direct nutrition interventions typically requires strengthening national health systems, to ensure that interventions can be sustained and are fully integrated into health services. It is also important that nutrition interventions are protected in times of crisis or emergency.

Equitable access to health services and financial risk protection for all – including the most marginalized and most vulnerable – is needed (Universal Health Coverage, UHC). Achieving UHC will lead to stronger, more efficient and more equitable health systems.

Recommended actions for strong and resilient health systems

- | |
|--|
| <ol style="list-style-type: none">1. Invest in and commit to strengthening health systems, and promote UHC, particularly through primary care, so national health systems can address malnutrition in all its forms.2. Integrate nutrition into health systems through appropriate strategies for human resources, essential medicines, governance, information and monitoring, health system financing, and service delivery.3. Deliver and ensure universal access to all effective direct nutrition actions and relevant health actions impacting nutrition through health programmes.4. Identify particularly vulnerable groups and address their specific needs.5. Integrate achievement of UHC into the post-2015 development process. |
|--|

3.4.1 Delivery of direct nutrition interventions

In developing policies and programmes to address nutrition challenges, special attention to the nutrition of mothers, infants and young children is imperative. Although different age-groups, as identified in the life cycle approach, need appropriate attention (e.g., adolescent girls, school-aged children), ensuring appropriate nutrition during the first 1,000 days is critical, and has a lasting impact on the survival, health and development of the individual.

Investment in and scaling up of nutrition-specific interventions is required in three key areas: breastfeeding and optimal infant and young child feeding,

addressing micronutrient deficiencies, and improving maternal nutritional status before and during pregnancy, with particular emphasis on adolescent girls.

Improving women's nutrition requires promoting adequate nutrient intake, provision of micronutrient supplementation as needed, as well as prevention and treatment of infections. This, in addition to protection from stress factors, such as cigarette smoke, narcotic substances and psychological stress, can ensure healthier mothers and optimal foetal growth.

Urgent action is needed to scale up interventions to address acute (wasting) and chronic malnutrition (stunting) in children, and anaemia in children, adolescent girls and women of reproductive age. These interventions are also important for longer-term health and the potential development of overweight, obesity and diet-related NCDs later in life.

Breastfeeding

Breastfeeding is one of the most effective ways to improve child survival and to promote healthy child growth and development. Breastfeeding¹² ensures nutrition that is adequate in quantity and quality, affordable, acceptable, appropriate and readily available on a continuing basis. The right of mother and child to breastfeed is recognized as a human right.¹³

WHO recommends early initiation of breastfeeding (in the first hour), and exclusive breastfeeding for the first six months of life to achieve optimal growth, development and health, followed by nutritionally adequate and safe complementary feeding while breastfeeding continues for up to two years of age or beyond.¹⁴

Improvement in breastfeeding rates requires protecting, promoting and supporting breastfeeding by regulating the marketing of breastmilk substitutes, ensuring maternity protection at work (including maternity leave and breastfeeding arrangements at the workplace), health system strengthening (such as through the Baby-Friendly Hospital Initiative), education and behavioural change communication.

It is also important that a mother receives support to breastfeed in emergency situations and humanitarian crises as it confers critical protection to her baby from infection in environments without safe water supply and sanitation.¹⁵

Wasting

Severely wasted children are estimated to be, on average, 11 times more likely to die than their healthy counterparts. Both moderate and severe wasting can be addressed by the community-based management of malnutrition approach, comprising treatment and community awareness raising to facilitate early detection and treatment. Globally, however, only around 14% of wasted children are currently being reached by treatment services, with this percentage considerably lower in some countries.

Stunting

Stunting is a risk marker for poor child development. Stunting before the age of two years predicts poor cognitive and educational outcomes in later childhood and adolescence, and has important education and economic consequences at the individual, household and community levels. It has been estimated that stunted children earn 20% less as adults compared to others. Stunting begins *in utero* and the time between the ages of six months and two years is a particularly fragile period in the life cycle.

Stunting results from a complex web of individual, household, environmental, socioeconomic, political and cultural influences. The problem, therefore, requires that direct nutrition interventions be integrated and implemented in tandem with nutrition-sensitive interventions, including those to prevent infections.

Micronutrient deficiencies and anaemia

Lack of vitamins or minerals presents a global public health problem. Iodine, vitamin A and iron deficiencies are the most important globally, and present a major threat to health and development. Iron deficiency anaemia, the most common and widespread nutritional disorder in the world, impairs health and wellbeing in women. Anaemia increases the risk of maternal and neonatal

adversities. Failure to improve anaemia consigns millions of women to impaired health and quality of life, generations of children to impaired development and learning, and communities and nations to impaired economic productivity.

Recommended actions to improve breastfeeding and to address wasting, stunting and women's anaemia

Breastfeeding

1. Implement the Global Strategy on Infant and Young Child Feeding and the Comprehensive Implementation Plan on Maternal Infant and Young Child Nutrition, with allocation of commensurate financing.
2. Adapt and enforce – through national legislation – the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA Resolutions.
3. Implement policies and practices, including labour reforms, to improve maternity protection¹⁶.
4. Implement policies, programmes and actions to ensure that health services play a key role in protecting, promoting and supporting breastfeeding, including by implementing or revitalizing the Baby-Friendly Hospital Initiative.
5. Empower women in their own right, and as mothers and providers of breastfeeding, by providing support and information to all women, and ensuring their health and nutritional status throughout all stages of life.
6. Create – 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.
7. Ensure that policies and practices implemented by health and humanitarian actors in emergency situations and humanitarian crises continue to promote, protect and support breastfeeding.

Wasting

1. Adopt policies and actions, and mobilize funding, to improve coverage of treatment for wasting, using the community-based management of acute malnutrition approach. Scale up treatment of severe acute malnutrition and improve the integrated management of childhood illnesses.
2. Integrate disaster and emergency preparedness into relevant policies and

programmes.

Stunting

1. Establish policies and strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls and continuing through pregnancy and lactation.
2. Implement the actions recommended in this Framework 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
3. Establish policies, programmes and health service strategies to promote optimal infant and young child feeding, particularly breastfeeding as well as an adequate and safe complementary feeding period (from six to 24 months).

Anaemia in women of reproductive age

1. Improve intake of micronutrients through consumption of healthy and diversified diets and, where necessary, through fortification and supplementation strategies.
2. Provide iron and folic acid supplements to pregnant women.
3. Provide intermittent iron and folic acid supplementation to menstruating women.
4. Implement the actions recommended in this Framework on production of nutrient rich foods, provision of healthy diets in schools and preschools, provision of nutrition education, treatment and prevention of infectious disease, and improved hygiene and sanitation.
5. Promote the use of fortified foods, iron supplementation and deworming.

3.4.2 Delivery of health interventions with an impact on nutrition

Besides delivery of nutrition interventions that directly impact on nutrition, health systems also have an important role to play in delivering other health interventions that have an impact on nutrition, including interventions to prevent and treat infections and interventions to improve women's reproductive health.

Prevention and treatment of infectious diseases

Frequent bouts of infectious diseases such as diarrhoea are an important cause of child undernutrition, helping to explain why child undernutrition can still be seen in populations which are generally food secure. Infectious diseases – such as malaria, HIV/AIDS, tuberculosis and some neglected tropical diseases – contribute to the high prevalence of iron deficiency anaemia and undernutrition in some areas. Infestations with worms can impair nutritional status by causing internal bleeding, diarrhoea and poor absorption of nutrients. They can also cause a loss of appetite which, in turn, can lead to reduced nutrient intake.

Efforts to effectively prevent and treat such infectious diseases thus play a crucial role in tackling undernutrition, including prevention measures to reduce the frequency of infections, and actions to reduce the intensity of infections with effective treatment and by strengthening immune systems.

Reproductive health and family planning

Access to sexual and reproductive health services, including family planning, is critical for all women to be able to realize their reproductive health. Such access is also important for the health and nutrition of mothers and their babies, and can play an important role in breaking the intergenerational cycle of malnutrition in all its forms.

Adolescent pregnancy is associated with higher risk of stillbirths, neonatal deaths, preterm birth and low birth weight. Women who have very closely spaced pregnancies are more likely to have maternal anaemia and preterm or low birth weight babies. Strategies to prevent adolescent pregnancy are therefore required, including prevention of child, early and forced marriages. Measures to encourage pregnancy spacing are also needed. A lack of access to reproductive health is only one element of the challenge associated with the poor status of women and girls in society.

Recommended actions in the health services to improve nutrition

Infectious diseases

1. Implement policies and programmes to ensure universal access to and use of insecticide-treated nets, in particular long-lasting insecticidal nets. Provide preventive malaria treatment for pregnant women in areas with moderate to high malaria transmission.
2. Provide periodic deworming for all school-age children in endemic areas
3. Implement policies and programmes to improve health service capacity to prevent and treat other infectious diseases¹⁷.
4. Delivery of zinc supplementation for treatment of children with diarrhoea.

Reproductive health and family planning

1. Implement policies and strategies to ensure access to sexual and reproductive health services for all women.
2. Discourage adolescent pregnancy and encourage pregnancy spacing.
3. Prevent child, early and forced marriages, and protect women and girls against structural and sexual violence.

3.5. Water, sanitation and hygiene

Water is a finite resource essential throughout the food system – from production to consumption. Access to safe water and adequate sanitation is also essential for prevention of diarrhoeal disease, and thus improving nutrition. Access to water is recognized as a human right.¹⁸

Around 96% of the planet's water use is for food.¹⁹ Agriculture accounts for 70% of freshwater withdrawals from rivers, lakes and aquifers, rising to over 90% in some low-income countries.²⁰ On average, around one litre of water is required to produce one calorie for consumption.²¹ To achieve sustainable, healthy diets, more rational water use will be required, along with changes to consumption patterns, such as reducing food – including water – waste and loss. To meet this challenge, food production systems need to adapt with a combination of relevant measures.

Diarrhoea is the second leading cause of death among children under five, and lack of safe drinking water – along with inadequate sanitation and hygiene – are major risk factors. Children who are undernourished are more likely to die from diarrhoea. In turn, diarrhoea undermines nutrition by reducing appetite and food absorption.²² Inadequate water, sanitation or hygiene cause undernutrition.²³ Furthermore, ingestion of faecal bacteria in large quantities may further impair nutritional status through damage to the gut.²⁴

Despite progress in reducing the proportion of people without access to safe drinking water, around 748 million people still rely on unimproved drinking water sources.²⁵

Although almost two billion people gained access to improved sanitation between 1990 and 2012, over one billion people still practice open defecation.²⁶ In line with the global call to action on sanitation, efforts should focus on improving hygiene, changing social norms, better managing human waste and waste-water, and completely eliminating the practice of open defecation by 2025.²⁷

Recommended actions on water, sanitation and hygiene

1. Implement policies and programmes to improve water management in agriculture and food production.²⁸
2. Invest in and commit to, with the participation of civil society and the support of international partners where appropriate, improving access to safe drinking water, working to achieve universal access to safe and affordable drinking water.
3. Implement policies and strategies to improve access to sanitation, working to ensure universal access to adequate sanitation and hygiene.²⁹
4. Promote safer hygiene practices, including hand washing with soap at critical times (e.g., after toilet use and before food preparation).
5. Adopt a participatory approach – involving affected populations – to policies, programmes and actions on water, sanitation and hygiene.

3.6. Food safety and antimicrobial resistance

Food contaminated by chemical or biological hazards, including environmental pollutants, is the origin of many diseases, ranging from diarrhoea to cancer, and undermines people's life, health and nutritional well-being, directly or indirectly.³⁰

Governments could provide an appropriate regulatory environment for food producers and suppliers along the whole farm-to-fork food chain to operate responsibly and supply safe food to consumers. They may establish, implement and enforce effective systems of food control and foodborne disease prevention by monitoring the safety of domestic and imported food supplies; building capacity to prevent, detect and respond to foodborne disease outbreaks, including food safety emergencies;³¹ and ensuring cross-sector participation by the health, agriculture and trade sectors in decision making for safe, quality foods.

The use of antimicrobial drugs in food producing animals and crops is critical to farmers, and for economic development, but their misuse has led to the dissemination of antimicrobial resistant micro-organisms to humans via food. Antimicrobial resistance (AMR) has emerged as a major global public health concern, and indeed a global food safety issue.

Addressing AMR requires a multisectoral “One Health Approach”. Over the past decade, there have been significant developments at the international level to address AMR,³² but significant challenges still remain in translating internationally accepted guidelines into appropriate policies and actions at national level.

Recommended actions on food safety and antimicrobial resistance

1. Review and modernize national legislation and regulations on food safety, and build national systems and related infrastructure adequate to the national context.
2. Actively take part in the work of the Codex Alimentarius Commission on food safety and implement adopted international standards at the national level.

3. Participate in and contribute to the international networks to exchange food safety information, including for adequately managing emergency events.³³
4. Establish a multisectoral national committee to combat AMR with representatives from the health and agriculture sectors, and other relevant ministries and authorities and develop national integrated surveillance programmes³⁴ to monitor current and emerging AMR in order to inform decision-making.
5. Develop and implement national guidelines on prudent use of antimicrobials in food-producing animals, with due consideration to antimicrobials critically important in human medicine,³⁵ reduce non-therapeutic use of antimicrobials and phase out the use of antimicrobials as growth promoters.

4. NEXT STEPS

4.1. Endorsement of the Political Declaration and Framework for Action

During 2015, the ICN2 Declaration on Nutrition and the FFA will be submitted for endorsement by the United Nations General Assembly (UNGA). Endorsement by the UNGA ensures commitment across sectors to address nutrition challenges and to enlist the involvement of a wide range of UN agencies, programmes and funds, as well as other international and regional organizations, along with state actors. Engagement of the UNGA will also facilitate more direct input to the post-2015 Sustainable Development Goals.

4.2. Reviewing institutional mechanisms, national nutrition policies, strategies and action plans

Governments have primary responsibility for developing, mobilizing financing for, and implementing national nutrition plans, drawing from the policy options, priority actions and recommendations of this FFA. National governments are invited to review their current institutional arrangements and existing national policies, strategies and action plans, to consider updating them including with appropriate recommendations from this FFA. The cost of implementing action plans should be calculated to facilitate follow through. Engagement of multiple sectors and dialogue with multiple stakeholders will be essential.

4.3. Time frame and target setting

The FFA should be implemented over a ten-year time frame (2016-2025). Each country is encouraged to establish nutrition targets and intermediate milestones, consistent with the global nutrition and NCD targets established by the WHA.

4.4. Support from UN agencies, programmes and funds

FAO and WHO are requested to strengthen and coordinate their policies, strategies and programmes for accelerating progress on implementation of the commitments of the Rome Declaration and actions recommended in this FFA.

Other UN agencies, programmes and funds are also requested to join this effort and to define, over the course of 2015, steps through which they can individually and collectively contribute to achieving the commitments in the Rome Declaration, and to support the implementation of policies and programmes recommended in this FFA within their respective mandates.

Each agency is encouraged to report, by the end of 2015, on the actions they plan to take to implement the Rome Declaration and the FFA, including partnerships and other international mechanisms that they rely upon for programmatic support.

The regional offices of UN agencies, programmes and funds and other international organizations are expected to help implement the FFA by supporting regional and interregional cooperation.

With international support, regional research and training institutions are expected to provide human and institutional resources to promote inter-country collaboration and exchange information on nutrition, food, technology, research, existing policies and programmes as well as resource flows.

FAO and WHO, in collaboration with other UN agencies, programmes and funds, will consider options to mobilize financial resources to accelerate and track progress on the commitments of the Rome Declaration and on implementation of the FFA.

4.5. Monitoring implementation

Effective mechanisms for implementation and accountability are essential for ensuring that these commitments are followed through, to track progress being made, and to enable citizens to hold policymakers and institutions accountable.

National governments are invited to develop national monitoring frameworks, including indicators for nutrition outcomes (to track progress in achieving national targets), programme implementation (including coverage of interventions) and policy environment (including institutional arrangements, capacities and investments in nutrition).³⁶ Monitoring should be conducted to the fullest possible extent through existing mechanisms. National capacity for data systems management, from planning to collection and analysis, should be strengthened.

A report on implementation of the Rome Declaration and the FFA will be compiled by FAO and WHO, in close collaboration with other UN partners, based on country self-assessments and information available through existing reporting mechanisms (e.g., SUN self-assessment reports, reports to FAO and the WHA) and with a schedule that will be established by their governing bodies and by the UNGA.

¹ Endorsed by the 65th World Health Assembly (WHA).

² Endorsed by the 66th WHA.

³ The term ‘governments’ is understood to include the European Union and other regional organizations on matters of their competency.

⁴ (1) 40% reduction of the global number of children under five who are stunted; (2) 50% reduction of anaemia in women of reproductive age; (3) 30% reduction of low birth weight; (4) no increase in childhood overweight; (5) increase exclusive breastfeeding rates in the first six months up to at least 50%; (6) reduce and maintain childhood wasting to less than 5%.

⁵ (1) to reduce salt intake by 30%; (2) to halt the increase in obesity prevalence in adolescents and adults.

⁶ WHO recommends that: (a) daily needs of energy, vitamins and minerals are met, but energy intake is not excessive; (b) consumption of fruit and vegetables is over 400 g per day; (c) intake of saturated fat is less than 10% of total energy intake; (d) intake of trans fatty acids

is less than 1% of total fat intake; (e) intake of free sugars is less than 10% of total energy intake or, preferably, less than 5%; (f) intake of salt is less than 5 g per day.

⁷ The two major contributions of agriculture to the atmospheric composition and climate are due to deforestation and animal husbandry – of which food production and consumption constitute a significant share. The potential for biological carbon sequestration is compromised by tillage. See FAOSTAT. Greenhouse gas emissions from agriculture. April 2014.

⁸ Diets with low net adverse environmental impacts which contribute to food and nutrition security and to healthy lives for present and future generations. Sustainable diets are protective and respectful of biodiversity and ecosystems, culturally acceptable, accessible, economically fair, affordable, nutritionally adequate, safe and healthy, while optimizing natural and human resources.

⁹ A range of policy options for countries to improve food environments is contained in the FAO 2013 *State of Food and Agriculture* (SOFA) report, the Global Strategic Framework for Food Security and Nutrition, the seventh report of the High Level Panel of Experts on Food Security and Nutrition. Actions to improve food environments are also proposed in the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, WHA Resolutions, WHO's Global NCD Action Plan, and WHO Regional Declarations and Action Plans on food and nutrition, obesity and NCDs. Reports by the UN Special Rapporteurs on the Right to Food and the Right to Health also make specific recommendations to improve food environments.

¹⁰ The term 'nutrition education' includes promotion, advocacy, guidelines, information, education, communication, counselling, empowerment, consumer education, behavioral change communication and 'social marketing'.

¹¹ WHO has identified a package of these effective nutrition-specific interventions, specifically aimed at improving maternal, infant and young child nutrition. See WHO. *Essential Nutrition Actions. Improving maternal, newborn, infant and young child health and nutrition*. 2013.

¹² Breastfeeding fulfils the four pillars of food security. The Declaration of the World Summit on Food Security in 2009 defined the concept of food security: Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The four pillars of food security are availability, access, utilization and stability. The nutritional dimension is integral to the concept of food security. Source:

http://www.fao.org/fileadmin/templates/wsfs/Summit/Docs/Final_Declaration/WSFS09_Declaration.pdf

¹³ Convention of the Right of the Child.

¹⁴ World Health Organization. *Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition*. Geneva, 2013.

¹⁵ <http://files.enonline.net/attachments/150/module1-manual-refer-ops-gv2-1.pdf>;
<https://internationalmedicalcorps.org/sslpage.aspx?pid=2026#.VAjrlsWSyAg>

¹⁶ As specified in the International Labour Organization's (ILO) Maternity Protection Convention No. 183 and corresponding Recommendation 191.

¹⁷ Including prevention of mother-to-child transmission of HIV, immunization against measles and antibiotic treatment for girls with urinary infections.

¹⁸ The main international treaties explicitly recognizing the human right to water include the 1979 [Convention on the Elimination of All Forms of Discrimination Against Women](#) (CEDAW, Art.14[2]) and the 1989 [Convention on the Rights of the Child](#) (CRC, Art. 24). The main political declarations were passed by the [UN General Assembly](#) and the [UN Human Rights Council](#), both in 2010.

¹⁹ De Marsily, G. *L'eau et ses grands enjeux au XXI^e: effets sur la zone aride. Secheresse* 2010;21(1):12-21.

²⁰ Water in a changing world. United Nations World Water Development Report 3. World Water Assessment Programme. UNESCO/Earthscan, 2009.

²¹ Comprehensive Assessment of Water Management in Agriculture. 2007. *Water for Food, Water for Life: A Comprehensive Assessment of Water Management in Agriculture*. London: Earthscan, and Colombo: International Water Management Institute.

²² Caulfield LE, de Onis M, Blössner M, Black RE. Undernutrition as an underlying cause of child deaths associated with diarrhoea, pneumonia, malaria, and measles. *Am J Clin Nutr*. 2004 Jul; 80 (1): 193-8.

²³ Including through parasitic infections -- such as soil-transmitted infections - which affect 24% of the world's population. Bethony J, Brooker S, Albonico M, Geiger SM, Loukas A, Diemert D, Hotez PJ: Soil-transmitted helminth infections: ascariasis, trichuriasis, and hookworm. *Lancet* 2006, 367: 1521-1532.

²⁴ This condition is known as environmental enteropathy. Humphrey JH. Child undernutrition, tropical enteropathy, toilets, and handwashing. *Lancet*. 2009 Sep 19; 374 (9694): 1032-5.

²⁵ WHO/UNICEF 2014. Progress on Drinking Water and Sanitation – 2014 Update. World Health Organization: Geneva

²⁶ WHO/UNICEF 2014. Progress on Drinking Water and Sanitation – 2014 Update. World Health Organization: Geneva

²⁷ On 21 March 2013, the UN Deputy Secretary-General issued a Call to Action on Sanitation. http://www.wfuna.org/sites/default/files/resources/dsg_sanitation_two-pager_final.pdf

²⁸ Including by reducing water wastage in irrigation, strategies for multiple use of water (including wastewater), and better use of appropriate technology.

²⁹ Including by implementing effective risk assessment and management practices on safe wastewater use and sanitation.

³⁰ WHO Initiative to Estimate the Global Burden of Foodborne Disease.

http://www.who.int/foodsafety/foodborne_disease/FERG2_report.pdf

³¹ FAO/WHO framework for developing national food safety emergency response plans, 2010.

³² With several initiatives led by FAO, WHO, the World Organization for Animal Health (OIE) and the Codex Alimentarius Commission.

http://www.fao.org/ag/againfo/home/en/news_archive/2011_04_amr.html
http://www.who.int/foodsafety/areas_work/antimicrobial-resistance/en/

<http://www.oie.int/for-the-media/amr/>

Code of Practice to Minimize and Contain Antimicrobial Resistance, CAC/RCP 61-2005, http://www.codexalimentarius.org/download/standards/10213/CXP_061e.pdf; Guidelines for Risk Analysis of Foodborne Antimicrobial Resistance, CAC/GL 77-2011, http://www.codexalimentarius.org/download/standards/11776/CXG_077e.pdf

³³ FAO/WHO International Network of Food Safety Authorities (INFOSAN) http://www.who.int/foodsafety/areas_work/infosan/en/

³⁴ WHO: Integrated surveillance of antimicrobial resistance - Guidance from a WHO Advisory Group http://www.who.int/foodsafety/publications/agisar_guidance/en/

³⁵ WHO: Critically important antimicrobials for human medicine, 3rd Revision, 2012 <http://www.who.int/foodsafety/publications/antimicrobials-third/en/>

³⁶ Monitoring frameworks may be developed based on the Global Monitoring Framework for Maternal, Infant and Young Child Nutrition, the Monitoring Framework for the Global Action Plan on NCDs, as well as indicators for monitoring food security (FAO prevalence of undernutrition, food insecurity experience scale and other widely used indicators).