



**Implementing outcomes of the Second
International Conference on Nutrition (ICN2)
A RESOURCE GUIDE FOR COUNTRIES**

The 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 policy options and actions of the ICN2 Framework for Action into country-specific commitments for action. This process is done according to the national needs and conditions, and builds on existing policies, strategies, programmes, plans and investments in order to achieve the 10 commitments of the Rome Declaration on Nutrition.

The present version is a draft version that will be substituted by a final, edited version.

Contents

Introduction.....	1
Background	1
Purpose of this resource guide	2
Audience and use.....	3
Step 1: Understanding the Rome Declaration commitments and the Framework for Action	4
Step 2: Reviewing existing actions and identifying new actions and priorities using the Framework for Action	7
Reviewing existing policies, programmes and investments and identifying gaps.....	7
Identifying and/strengthening priority areas to advance nutrition at national level.....	7
Step 3: Developing and strengthening SMART commitments for action	8
What is a SMART commitment?	8
How to formulate and set SMART commitments.....	8
How to monitor and report progress.....	9
Series of 24 guidance sheets for unpacking the Framework for Action	10
1. Food systems for nutrition (Rec. 9, 10)	10
2. Food Loss and Waste prevention and reduction for nutrition (Rec. 11).....	12
3. Enhancing resilient food supply in crisis-prone areas (Rec. 12).....	15
4. Saturated fat, sugar and trans fat reduction (Rec. 14).....	18
5. Water management for nutrition (Rec. 50)	21
6. Food Safety for nutrition (Rec. 53, 54, 55)	23
7. Antimicrobial resistance for nutrition (Rec. 56, 57).....	26
8. Strong and resilient health systems (Rec. 25, 26, 27, 28)	30
9. Stunting and wasting (Rec. 34, 35, 36, 37).....	33
10. Policies and programmes related to health services to improve nutrition (Rec. 44, 46, and 49) .	36
11. Interventions related to health services to improve nutrition (Rec. 45, 47, and 48)	38
12. Nutrition education and information (Rec. 19, 20, 21).....	40
13. Social protection for nutrition (Rec. 22 , 23).....	43
14. Income generation and decent rural employment (Rec. 24).....	45
15. Sustainable investments for nutrition (Rec. 4, 8, 17).....	47
16. International trade for nutrition (Rec. 17, 18)	50
17. Influencing the food environment for healthy diets (Rec. 13, 15, 16).....	52
18. Promote, protect and support breastfeeding (Rec. 29, 30, 31, 32, 33)	55
19. Childhood overweight and obesity (Rec. 38, 39, 40, 41).....	57
20. Anaemia in women of reproductive age (Rec. 42, 43).....	60
21. Sanitation and hygiene (Rec. 51, 52).....	62
22. Governance and coordination mechanisms for food security and nutrition (Rec. 1, 3, 6, 7)....	64
23. Policies and programmes related to nutrition (Rec. 2, 8)	67
24. Multisectoral information systems related to food and nutrition (Rec. 5).....	70
Annex 1: Recommendations from the ICN2 Framework for Action on Nutrition.....	73
Annex 2: Further examples of SMART commitments and guiding questions for Guidance sheet on Food Safety.....	78

Key Messages of this Resource Guide

- Within the frame of the Agenda 2030 and its Sustainable Development Goals (SDGs), countries are strongly encouraged to accelerate efforts in fighting hunger, food insecurity and malnutrition in all its forms. This should be implemented with reference to the Rome Declaration on Nutrition and its Framework for Action of the Second International Conference on Nutrition (ICN2), and the United Nations (UN) Decade of Action on Nutrition (2016-2025).
- The UN Decade of Action on Nutrition provides a platform for countries and other stakeholders to fast-track actions on nutrition, share experiences and good practices of measures and investments that support healthy, sustainable diets and improve nutrition.
- This resource guide aims to assist the progress of countries in the operationalization at country level of global nutrition commitments into concrete, nationally determined policies, programmes and investments in order to scale-up efforts towards ending hunger, food insecurity and malnutrition in all its forms.
- The resource guide also provides a stepwise approach to consider the relevance of each of the sixty recommended policy options of the ICN2 Framework for Action according to a country's context.
- It aims to assist countries in making existing commitments "SMART-er", while also formulating additional country-specific SMART commitments for action in line with the transformative ambitions of the SDGs, ICN2, the WHA global nutrition and diet-related NCD targets.
- The formulated commitments can be submitted and tracked on a regular basis through a global open access database that is facilitated by the joint secretariat of the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO).
- This resource guide targets policy advisors supporting government decision-makers as well as development partners involved in food security and nutrition policy work.

Introduction

Background

In November 2014, at the Second International Conference on Nutrition (ICN2) held in Rome, Italy, world leaders and nutrition champions committed to eradicating hunger and preventing all forms of malnutrition worldwide. A common vision for global action was set out enshrined in the Rome Declaration on Nutrition¹ and its 10 global commitments to ensure that everyone has access to affordable, diversified, safe and healthy diets, where children grow up healthy and achieve their full potential (see Box 1). Its companion, the Framework for Action (FfA)², sets forth 60 voluntary recommendations to guide the effective implementation of the ten commitments. (See Annex 1)

Box 1: Ten global commitments of the Rome Declaration on Nutrition

1. Eradicate hunger and prevent all forms of malnutrition.
2. Increase investments for effective interventions and actions to improve people's diets and nutrition.
3. Enhance sustainable food systems.
4. Raise the profile of nutrition with national strategies and align national resources accordingly.
5. Strengthen human and institutional capacities to improve nutrition.
6. Strengthen and facilitate, contributions and action by all stakeholders.
7. Ensure healthy diets throughout the life course.
8. Create enabling environment for making informed choices.
9. Implement these ten commitments through the Framework for Action.
10. Integrate the Declaration's vision and commitments into the post-2015 development agenda process.

In September 2015, Member States adopted the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) at the United Nations (UN) General Assembly. Addressing malnutrition in all its forms is firmly embedded in the 2030 Agenda, in particular through SDG 2, 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 then declared the period 2016-2025 a UN Decade of Action on Nutrition³ (hereafter "the Nutrition Decade"), which provides a clearly-defined time-bound cohesive framework for all countries and stakeholders based on the ICN2 outcomes and the SDGs.

The primary objective of the Nutrition Decade is to increase nutrition investments and implement policies and programmes to improve food security and nutrition within the ICN2 framework. The achievement of the 2030 SDGs will only be met when much greater political focus is given towards improving nutrition, as nutrition is both an input and outcome of sustainable development.

¹ ICN2 Rome Declaration (2014) : <http://www.fao.org/3/a-ml542e.pdf>

² ICN2 Framework for Action: <http://www.fao.org/3/a-mm215e.pdf>

³ UN Resolution on the UN Decade of Action on Nutrition: www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/259

"The Nutrition Decade is a global collective effort driven by Members States of the United Nations supported by the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) as conveners in collaboration with the World Food Programme (WFP), the International Fund for Agriculture Development (IFAD) and the United Nations Children's Fund (UNICEF)"

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 noncommunicable diseases (NCD) targets.⁴

The Nutrition Decade provides an opportunity for all partners to work together, mobilise action and accelerate efforts towards the elimination of hunger, food insecurity and all forms of malnutrition; while meeting the SDGs by 2030.

The Nutrition Decade is centred around six cross-cutting, integrative areas for impact, derived from the recommendations of the FfA and relevant to the related SDGs (see box 2). Under the Nutrition Decade and its six action areas, Member States and the global community should : (i) identify and commit to clear and evidence-based policies, programmes and investments, tailored to national context, against a fixed timeline; (ii) undertake systematic monitoring and evaluation of policies, programmes and investments to ensure that they are progressing as planned, are delivering outcomes against the pre-determined timeline, and to make adjustments as may be necessary; and (iii) register and monitor the achievement of country-specific SMART commitments on nutrition related to policies, programmes and investments to improve transparency and accountability.

Box 2: Six action areas of the UN Decade of Action on Nutrition

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

Purpose of this resource guide

The resource guide aims to support countries in advancing with the operationalization at country level of global nutrition commitments made through the Rome Declaration in order to scale-up efforts towards ending hunger, food insecurity and malnutrition in all its forms.

To facilitate this process, FAO and WHO have developed this resource guide to support Member States, and regional and global communities to stimulate nutrition action and to consider – on a voluntary basis - the relevance of each of the recommended policy options included in the FfA according to a country's context and national needs, building on existing policies, programmes and investments, and to make new SMART commitments where needed.

This resource guide provides a stepwise approach:

Step 1: Understanding what the FfA encompasses by unpacking the recommendations through a series of guidance sheets;

Step 2: Reviewing existing and identifying new actions and priorities against the recommended policy options of the FfA, in line with the 2030 Agenda, regional and national strategic frameworks; and

Step 3: Developing and strengthening SMART commitments for action in the country to scale-up efforts on nutrition.

⁴ Global nutrition targets 2025: <http://www.who.int/nutrition/global-target-2025/en>; and diet-related voluntary global noncommunicable diseases (NCD) targets: <http://www.who.int/nmh/ncd-tools/definition-targets/en/>

Audience and use

The main audiences of this resource guide are policy advisors supporting government decision-makers and development partners involved in food security and nutrition (FSN) policy development and implementation. The resource guide addresses all the recommendations of the FfA⁵ and can be used by governments at both national and decentralized level as well as relevant partners involved in multisectoral policy-making processes for FSN. It can also be used by specific sets of actors involved in a particular thematic area of work related to food and nutrition.

DRAFT

⁵ The series of guidance sheets cover the entire set of recommended actions from the ICN2 Framework for Action with exception of recommendations # 58, 59 and 60 under accountability section.

Step 1: Understanding the Rome Declaration commitments and the Framework for Action

The 10 commitments of the Rome Declaration set a global call for action and its accompanying voluntary FfA contains 60 recommended policy actions necessary for achieving these commitments. The set of 60 recommended policy actions of the FfA may be incorporated, as appropriate, by governments acting in cooperation with other stakeholders, into their national nutrition, health, education, agriculture⁶, environment, development and investment plans, and can be considered in negotiating international agreements to achieve better nutrition for all.

The major focus of the FfA is on policy options necessary to reach the overall objectives of ending all forms of malnutrition (i.e. undernutrition, micronutrient deficiency, overweight and obesity) and transforming current food systems in sustainable food systems delivering healthy diets to all. These policy options encompass the comprehensive nutrition-specific and nutrition-sensitive dimensions of nutrition, i.e. focusing both on direct and underlying causes of malnutrition and include:

- creating an enabling environment for effective action;
- enhancing sustainable food systems promoting healthy and safe diets;
- fostering international trade and investment to enhance nutrition;
- investing in nutrition education and information, social protection, strong and resilient health systems and services,
- strengthening health systems and ensuring health services to improve nutrition,
- promoting, protecting and supporting breastfeeding,
- addressing stunting, wasting, childhood overweight and obesity, anaemia in women of reproductive age
- improving water management and access to safe drinking water, adequate sanitation and hygiene, food safety and addressing antimicrobial resistance.

The resource guide unpacks the FfA recommendations and groups them into thematic areas reflecting the six action areas of the Nutrition Decade. As a result, a series of 24 guidance sheets (see Box 3) have been developed and provide the reader with additional information structured in five sections as follows:

- **Recommendations from the FfA:** List of recommendations that are grouped according to the related thematic area.
- **Rationale:** Rationale that explains why these recommendations through the thematic area are important for improving nutrition.
- **Examples of SMART commitments for action at country level:** Examples of country-specific SMART commitments based on set of recommendations that countries might consider to accelerate efforts for action.
These SMART commitments for action are not exhaustive and do not go into detail necessary to reflect the circumstances in each country.
- **Suggested questions for understanding where the country stands vis-à-vis these recommendations:** A number of questions are listed that may be used as a springboard for national dialogue as countries review what is actually 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 Framework for Action. Some of these questions may be also used for monitoring and reporting progress (as a “checklist”) against the ICN2 Framework for Action.

⁶ The term ‘agriculture’ comprises crops, livestock, forestry and fisheries.

These questions are not exhaustive and do not go into detail to reflect the circumstances in each country neither provide answers. Their main purpose is to encourage an assessment of the issues.

- **References to strategic and policy guidance:** Existing evidence that relate to the thematic area (e.g. references to databases; resolutions; policy resources).

DRAFT

This resource guide can be a powerful instrument for multisectoral nutrition-related policy processes. Each guidance sheet is a stand-alone document and can be used by countries and stakeholders involved in a specific thematic area of work related to nutrition.

Box 3: Series of 24 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)
- Food Loss and Waste prevention and reduction for nutrition (Rec. 11)
- Enhancing resilient food supply in crisis-prone areas (Rec. 12)
- Saturated fat, sugar 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)
- Stunting and wasting (Rec. 34, 35, 36, 37)
- Policies and programmes related to health services to improve nutrition (Rec. 44, 46, and 49)
- Interventions related to health services to improve nutrition (Rec. 45, 47, and 48)

Action Area 3 - Social protection and nutrition education:

- Nutrition education and information (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)
- Promote, protect 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)

Step 2: Reviewing existing actions and identifying new actions and priorities using the Framework for Action

Reviewing existing policies, programmes and investments and identifying gaps

To understand where the country stands vis-à-vis the commitments of the Rome Declaration and to ensure proper implementation of the FfA, a critical step is to review national policy and strategic documents against ICN2 and SDGs frameworks and identify priorities, policies, programmes and investments on nutrition. Most countries have already made good progress on this.

It is critical to assess actions of governments and their development partners on both nutrition-specific, and nutrition-sensitive as well as major socio-economic policies, programmes and investments. This would then pave the way towards a gap analysis that involves the comparison of existing policies, programmes and investments with potential and desirable options embedded in the FfA and the SDGs. It can be a powerful way to indicate gaps, unexplored policy options as well as sectors and areas where efforts need to be prioritized, strengthened and/or complemented.

This exercise may be carried out at different levels, but should be undertaken in dialogue with higher level political actors to facilitate endorsement of the political leadership. While there is no blueprint for carrying out this assessment, existing multisectoral mechanisms or platforms for food security and nutrition could be used to:

- Define the scope, duration, methodology and expected outcomes for the review and identification of gaps;
- Provide a forum for all appropriate stakeholders (e.g. ministries, agencies, NGOs, academia, local authorities and municipalities, private sector) to be sensitized on ICN2 outcomes and the Nutrition Decade processes;
- Draft findings and preliminary recommendations from reviews and gap analysis; and
- Ensure agreement on the use and dissemination of the outcomes of the assessment process.

Note: Before engaging, ensure adequate human and financial resources for this process to be able to continue monitoring contextual changes and nutrition progress over time;

Identifying and/strengthening priority areas to advance nutrition at national level

While governments are encouraged to align their priorities with global and regional commitments, they also have to anchor them upon nationally owned policy and programme processes. This would stimulate a sense of ownership with regards to ICN2 and the Nutrition Decade processes and most of all, it would ensure sustainability over time and beyond political changes.

In addition, it is critical to undertake systematic monitoring and evaluation of policies, programmes and investments to ensure that they are progressing as planned towards achieving national targets and are contributing to the attainment of the global and regional commitments.

Step 3: Developing and strengthening SMART commitments for action

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 4). Based on a set of priorities to be strengthened and/or developed that were identified in the previous step 2, countries are encouraged to either “SMART-en” existing commitments or formulate additional SMART commitments for action that can be registered and monitored at global level for improved transparency, visibility and accountability.

What is a SMART commitment?

SMART commitments are 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: (1) 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 NCD targets of the WHO Global NCD Action Plan; (2) be linked to one or more of the recommendations of the ICN2 Framework for Action, within the six action areas of the Nutrition Decade; or (3) mobilize domestic and international financial resources to implement actions related to the ICN2 Framework for Action and action areas of the Nutrition Decade.

How to formulate and set SMART commitments

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 and have these commitments registered. Countries and other actors that wish to develop or strengthen current commitments may consider the following elements:

- Review current priorities and related actions in order to convert them into SMART commitments for action;
- For new SMART commitments:
 - Be inspired by the provided examples of SMART commitments for action on nutrition in this resource guide;
 - Check that the formulated SMART commitments respond as much as possible to the “SMART” criteria (see box 4 below);
 - For each of the formulated SMART commitments for action: assess the implications relative to (i) existing policies and programmes; (ii) institutional requirements; (iii) costs.

Box 4: Think SMART when revising current and developing additional commitments

S = specific – The commitment refers to a specific action and indicates who is responsible for achieving it.

M = measurable – The commitment includes an indicator to enable measuring progress and achievement of the commitment.

A = achievable – The commitment refers to a realistic context, based on 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 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 will 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 will be included in a publicly accessible repository managed by the joint FAO/WHO Secretariat.

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 recommendations made through Nutrition for Growth (N4G) or other existing platforms and relevant initiatives across multiple sectors may be submitted also to the Nutrition Decade repository. FAO and WHO coordinates with these platforms to ensure consistency of the commitments and the monitoring process.

The joint FAO/WHO Secretariat will record and analyze commitments made by governments. Governments submitting commitments are expected to provide information annually to allow tracking of progress on implementation and to document achievements and successes

A dialogue on accountability would 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, UN and business. Biennial reports on the Nutrition Decade implementation are submitted to the World Health Assembly (WHA), the FAO Conference and the UN General Assembly and contain a mapping of the commitments made by governments, their progress and achievements.

Series of 24 guidance sheets for unpacking the Framework for Action

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

1. 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 systems⁷ 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 health and the human health of food systems - 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.

1. Rationale

Nutrition must 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 is essential for making nutritionally rich foods, such as fruits, vegetables and dairy products, available year-round and for protecting against food losses and waste. 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 to nutritional outcomes, however, are often indirect – mediated through incomes, prices, access, knowledge, gender roles, and other factors. What is more, 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 must align to support good nutrition; 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 agro-food companies. Public policy decisions that impact food systems and often facilitate structural change continue to be made at local, regional, national and

⁷ 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 socioeconomic and environmental outcomes.

international levels of government. Meanwhile, 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, multi-sectoral action.

2. Examples of SMART commitments for action at country level

✓ *Examples of SMART commitments for Recommendation 9:*

- By December 2025, the Government adopts, through a multi-stakeholder consultation process, policies or programmes that strengthen local food production and processing to achieve the national nutrition targets set.
- From 2017 to 2025, the country has doubled the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists or fishers, 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 (based on SDGs 2.3 + SDGs 5a)
- By December 2025, the Ministry of Agriculture develops strategies to improve agricultural performance, including by fostering sustainable mechanization of small scale agricultural production, with a focus on women-specific labor saving technologies (based on SDGs 5).

✓ *Examples of SMART commitments for Recommendation 10:*

- By December 2025, the Ministry of Agriculture has implemented a sustainable food production and marketing system and the provision of market incentives for resilient agricultural practices that increase productivity and quality, help maintain ecosystems, strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters or that progressively improve land and soil quality. (based on SDGs 2.4)
- By December 2025, the Ministry of Agriculture together with the Ministry of Health have implemented a food production and marketing system to increase crop production of context-appropriate fruit and vegetable crops for domestic consumption, with emphasis on improving fruit and vegetable access and reducing costs for vulnerable groups through supply-side incentives.
- By December 2025, the Ministry of Agriculture ensures the maintenance of genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, promote access to markets for products issued from this genetic diversity with fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed. (based on SDGs 2.5)

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Are there national measures, strategies or action plans that aim to 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 plans that aim to enhance economic empowerment of women?

4. References to strategic and policy guidance

- FAO. 2014. Developing sustainable food value chains – Guiding principles. Available from: <http://www.fao.org/3/a-i3953e.pdf>.
- FAO. 2013. The state of food and agriculture – Food systems for better nutrition. Available from: <http://www.fao.org/docrep/018/i3300e/i3300e.pdf>.
- FAO. 2016. FAO's Framework on Gender and Value Chains. Forthcoming.

2. Food Loss and 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, sold, and at consumer level 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.

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 level, 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 specifically as **food waste**.

In addition to the USD 1 trillion of economic costs per year, environmental costs of food loss and food waste reach around USD 700 billion and social costs around USD 900 billion (FAO, 2014). Depending on country context, food loss and waste (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 food loss and waste in developing countries occurs at the post-harvest and processing stages, while in industrialized countries, over 40 percent occur at retail and consumer levels.

Effective interventions such as appropriate regulations, policies and investments - at national and local level - can prevent and reduce FLW directly, minimizing their multi-layered impacts and contributing to food security and nutrition.

1. 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 is reflected in both the 2030 Agenda and the UN Zero Hunger Challenge that call 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 and access to high quality, diverse, sustainable diets.

Food safety considerations are a key action area linking reduced FLW to other nutrition sensitive food system activities. Food safety must never be compromised while

implementing interventions at food supply chain level or establishing priorities at policy level, including education programmes for end consumers capacity and knowledge development. Food security and adequate nutrition implies 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

Impact of Food Loss and Waste on food security and nutrition

1. Reduction of global and local availability of safe and nutritious food.
2. Negative impact on food access, for those involved in harvest and post-harvest operations and who face FLW-related economic and social loss, including end consumers.
3. Short, medium and long-term effects on the sustainability of the global food system due to unsustainable use of (natural) resources on which the future production of food depends.
4. Food safety and quality: FLW include nutrient losses all along food supply chains that would otherwise be utilized for human intake, including at consumer level.

hazard and put human health at risk – contribute to ensuring the food safety aspect of food security and nutrition. Adequate solutions for prevention and reduction of FLW must include addressing and monitoring the causes of potential food safety concerns.

In order to achieve the Sustainable Development Goals (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, for instance, 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.

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART commitments for Recommendation 11:
 - By December 2025, the Ministry of Food and Agriculture, in coordination with all the other relevant Ministries, has assessed and implemented measures with the aim to halve per capita food waste at both the retail and consumer levels as well as to reduce food losses along production and supply chains, including post-harvest losses at national and local level. (based on SDG 12.3)
 - By December 2025, national and local level government has implemented measures whereby, through a multi-stakeholder inclusive consultation process, appropriate vertically and horizontally coordinated data monitoring and reporting tools have been put in place and operate from the food supply chains level to the end consumer level and include National Statistical reporting – in support of effective prevention and reduction of loss or waste of safe and nutritious food.
 - From 2017 to 2025, the Government commits to have increased the budget allocation from X thousand to Y million USD annually to prevent and reduce safe and nutritious food to become lost or wasted 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, including individual and institutional capacity development, and other services with a short, medium and long term strategy for return on investments.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Are there policies and/or programmes in place that aim at reducing and preventing FLW along the primary production level, handling and storage, processing, distribution and consumption stages of the agricultural, livestock, fisheries, and forestry food supply chains – in rural, peri-urban, and urban areas? If so, how could the existing policies to be strengthened to address FLW more effectively?
- What are the monitoring, reporting, evaluation and revision mechanisms in place for the above-mentioned policies and programmes at local, national, regional and global level?
- Is the country monitoring and reporting on FLW for the Food Loss Index – the Indicator of SDG 12.3?

4. References to strategic and policy guidance

- FAO, 2011. Global food losses and food waste – Extent, causes and prevention. Available from: <http://www.fao.org/docrep/014/mb060e/mb060e00.pdf>

- FAO, 2015. Global Initiative on Food Loss and Waste Reduction (SAVE FOOD). Available from: www.fao.org/save-food
- FAO, 2016. Key facts on food loss and waste you should know. Available from: <http://www.fao.org/save-food/resources/keyfindings/en/>
- CFS, 2014. Policy recommendations. Food Losses and Waste in the Context of Sustainable Food Systems. Available from: <http://www.fao.org/3/a-av037e.pdf>
- HLPE 2014. Food losses and waste in the context of sustainable food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security. Available from: http://www.un.org/en/zero hunger/pdfs/HLPE_FLW_Report-8_EN.pdf
- FAO and the Sustainable Development Goals. Sustainable Development Goal 12.3 Available from: <http://www.fao.org/sustainable-development-goals/en/>
- FAO – IFPRI Technical Platform on the Measurement and Reduction of Food Loss and Waste. Available from: <http://www.fao.org/platform-food-loss-waste/food-waste/food-waste-reduction/country-level-guidance/en/>
- World Resource Institute, 2016. Food Loss and Waste Accounting and Reporting Standard. Available from: http://www.wri.org/sites/default/files/REP_FLW_Standard.pdf

DRAFT

3. 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 achieved if disasters 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 tree dependent communities, are often the most affected when a crisis or disaster strikes, putting their livelihoods and food and nutrition security 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

1. 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 thus better able to withstand, endure longer 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 malnutrition and ill-health. Therefore, strengthening

Examples of nutrition-friendly resilience programming:

- Strengthen household livelihoods and promote dietary diversification to contribute to the prevention of both chronic and acute malnutrition and 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 (health, water and sanitation, and education), and create partnerships to enhance nutritional impact.

resilience is essential in efforts to reduce malnutrition. Challenges, however, remain in transforming these opportunities into action. 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 agriculture 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

and nutrition security 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 disaster-management perspective).

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART commitments for Recommendation 12:
 - By December 2025, the Government has implemented measures to build resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters (based on SDG 12.3)
 - By December 2025, the Government ensures that at least 30% of farm/pastoral households have been made resilient to shocks (based on Malabo target)
 - By December 2025, the Government has enhanced the resilience of livelihoods & production systems to climate variability and other shocks through the implementation of appropriate policies and programmes (based on Malabo target)
 - 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.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Are there any institutions, policies, programmes and services that have been put in place that aim to enhance the resilience of food supply in case of crisis or climate events?
- What measures are put in place that assured food and nutrition security in the face of different shocks?
- Do these measures include cash based interventions, through Multi Purpose Cash Grants and/or other cash transfer modalities? This requires among others adequate market analysis, and estimation of Minimum Expenditure baskets, which is an extension of a good food security analysis.
- Are nutrition and supportive objectives integrated in resilience, disaster risk management (DRM) and climate change policy frameworks (including development policies related to specific risks such as climate change)?
- Are there any synergies between resilience, DRM and climate change adaptation strategies and multisectoral food and nutrition security policies and planning processes?

4. References to strategic and policy guidance

- CFS-FFA. 2015. Framework for Action for Food Security and Nutrition in Protracted Crises. Available from: http://www.fao.org/fileadmin/templates/cfs/Docs1415/FFA/CFS_FFA_Final_Draft_Ver2_EN.pdf
- FAO. 2014. Nutrition and Resilience. Available from: <http://www.fao.org/3/a-i3777e.pdf>

- FAO. 2014. Strengthening the links between resilience and nutrition in food and agriculture. Available from: <http://www.fao.org/3/a-i3824e.pdf>
- Emergency Nutrition Network. 2015. Nutrition and Resilience – A scoping study. Available from: <http://files.enonline.net/attachments/2450/Resilience-report-final.pdf>
- IFPRI. 2014. Resilience for food and nutrition security. Available from: <https://www.ifpri.org/cdmref/p15738coll2/id/128437/filename/128648.pdf>
- World Humanitarian Summit. 2016. Natural Disasters and Climate Change: Managing Risks & Crises Differently. Available from: <https://www.worldhumanitariansummit.org/summit/roundtables>

DRAFT

4. Saturated fat, sugar 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.*

1. Rationale

A wide variety of processed foods and drinks are available in most markets around the world. The extensive availability and heavy marketing of products with a high content of fat, sugar or salt, are challenging diets. The exact make-up of a diversified, balanced and healthy diet vary depending on the individual needs (e.g. age, gender, lifestyle, degree of physical activity), cultural context, locally available foods and dietary customs. However, basic principles of what constitute a healthy diet remain the same.

Consuming a healthy diet throughout the life course helps prevent malnutrition in all its forms as well as a range of non-communicable diseases (NCDs) and conditions. However, the increased production of processed food, rapid urbanization and changing lifestyles have led to a shift in dietary patterns. People are now consuming more foods high in energy, fats, free sugars and/or salt/sodium, and many do not eat enough fresh fruit and vegetables.

Fats: reducing the total fat intake to less than 30% of total energy intake helps prevent unhealthy weight gain in the adult population. In addition, the risk of developing NCDs is lowered by reducing saturated fats to less than 10% of total energy intake, and trans fats to less than 1% of total energy intake, and replacing both with unsaturated fats.

Salt, sodium and potassium: most people consume too much sodium through salt (corresponding to an average of 9–12 g of salt per day) and not enough potassium. High salt consumption and insufficient potassium intake (less than 3.5 g) contribute to high blood pressure, which in turn increases the risk of heart disease and stroke. 1.7 million deaths could be prevented each year if salt consumption were reduced to the recommended level of less than 5 g per day. People are often unaware of the amount of salt they consume. In many countries, most salt comes from processed foods (e.g. ready meals; processed meats like bacon, ham and salami; cheese and salty snacks) or from food consumed frequently in large amounts (e.g. bread). Sodium is also added to food during cooking (through salt, stock cubes, soy sauce and fish sauce) or at the table (e.g. table salt).

Sugars: the intake of free sugars should be reduced throughout the lifecourse. Evidence indicates that in both adults and children, the intake of free sugars should be reduced to less than 10% of total energy intake, and that a reduction to less than 5% of total energy intake would provide additional health benefits. Free sugars are all sugars added to foods or drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. Consuming free sugars increases the risk of dental caries (tooth decay). Excess calories from foods and drinks high in free sugars also contribute to unhealthy weight gain, which can lead to overweight and obesity.

(Source: Mozaffarian D, Fahimi S, Singh GM, Micha R, Khatibzadeh S, Engell RE et al. Global sodium consumption and death from cardiovascular causes. *N Engl J Med.* 2014; 371(7):624-634.)

Diet evolves over time, being influenced by many factors and complex interactions. Income, food prices (which will affect the availability and affordability of healthy foods), individual preferences and beliefs, cultural traditions, as well as geographical, environmental, social and economic factors all interact in a complex manner to shape individual dietary patterns. Therefore, promoting a healthy food environment, including food systems which promote a diversified, balanced and healthy diet, requires involvement across multiple sectors and stakeholders, including government, and the public and private sector.

Governments have a central role in creating a healthy food environment that enables people to adopt and maintain healthy dietary practices. For instance, agricultural and trade policies can shape the food supply system. Fiscal policies might be effective strategies to act on foods high in saturated fat, sugars and salt

and trans-fat although increasing the cost of unhealthy foods does not necessarily lead to a reduction of their intake and can lead to the reduction of healthy foods.

Product reformulation is fundamental to reduce saturated fat, sugars and salt and trans- fat across whole food categories. Such measures may be undertaken voluntarily by the food industry or by government legislations. Usually, approaches include gradual reformulation to reduce salt, sugar and/or fat content, elimination of trans fats, replacement of saturated fats with unsaturated fats, a reduction in the energy.

In addition to product reformulation, measures are needed to reduce the availability and the advertisement of unhealthy foods, especially for children. For instance, policy-makers and programme managers might take action to assess free sugar intake levels and their sources in both foods and drinks and consider how to develop nationwide measures that result in a transformation of the food chain in their country.

2. Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 14:

- By 2020, member state has set and implemented regulation to limit the availability of foods rich in fat, sugar and /or salt in vending machine in all schools
- By 2020, member state has set and implemented regulation to limit the advertisement of foods rich in fat, sugar and /or salt on television
- By 2020, member state has implemented measures leading to an observed decrease in sugar-sweetened beverages in the population
- By 2020, member state has set government regulation based on clear policy objectives of product reformulation to reduce the contents of salt, fats - saturated fats and trans fats and free sugars of foods and drinks placed on the market;
- By 2020, government have established mandatory targets for product reformulation to reduce salt, fats - saturated fats and trans fats and free sugars

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Are there national policies and/or programmes in place that aim at reducing saturated fat, sugars, salt and trans fat from important foodstuffs? If so, which ones and how can the existing policies be strengthened to address these issues more effectively?
- Are there national measures in place to restrict the advertising of unhealthy foods to children, in particular sweetened cereals and beverages? And if so, which ones?
- What are the monitoring, reporting, evaluation and revision mechanisms in place to assess free sugar intake levels and their sources in both foods and drinks? Is there a similar architecture to assess the demand for and success of policies measures to change food content?
- Do national policies and/or programmes that influence food formulation take into account the individual needs, cultural context, locally available foods and dietary customs of affected populations?

4. References to strategic and policy guidance:

- Global status report on noncommunicable diseases 2014. Geneva: World Health Organization; 2014.
- Guideline: Potassium intake for adults and children. Geneva: World Health Organization; 2012.
- Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: World Health Organization; 2010.
- WHO Global Database on the Implementation of Nutrition Action (GINA)
<http://www.who.int/nutrition/gina/en/>

- Comprehensive implementation plan on maternal, infant and young child nutrition. Geneva: World Health Organization; 2014
- Guideline: Sodium intake for adults and children. Geneva: World Health Organization; 2012
- Guideline: Sugars intake for adults and children. Geneva: World Health Organization; 2015
- Fats and fatty acids in human nutrition: report of an expert consultation. FAO Food and Nutrition Paper 91. Rome: Food and Agriculture Organization of the United Nations; 2010
- Global action plan for the prevention and control of NCDs 2013–2020. Geneva: World Health Organization; 2013
- Diet, nutrition and the prevention of chronic diseases: report of a Joint WHO/FAO Expert Consultation. WHO Technical Report Series, No. 916. Geneva: World Health Organization; 2003.
- WHO (2016). SHAKE the salt habit - Technical package for salt reduction. Geneva: World Health Organization
- WHO (2004). Global strategy on diet, physical activity and health. Geneva: World Health Organization.

DRAFT

5. 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 (fisheries, crops and livestock), food 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.

1. Rationale

Improving water management aims at improving the productivity of agriculture and food systems for food security and nutrition, given existing water constraints. This can be achieved by improving water efficiency at all levels (how water is used, from ecosystems to plants) and by improving the agricultural water productivity (the ratio of output to the water input), in rain fed and irrigated systems. Wastewater is also a resource, and water-scarce countries often resort to wastewater reuse for irrigation, which also provides for closing the nutrient cycle but poses risks to human health if not regulated effectively. Waste water, 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 or water pollution can cause disputes and conflicts at various levels. Increasing scarcities and growing and competing demands on 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 it remains a challenge, not least due to the lack of integration in decision-making, with decisions on irrigation, industrial or power generation development being taken in different departments with little consideration for the cumulative impacts on water.

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART targets/commitments for Recommendation 50:
- By 2025, the Government adopts, through a multi-stakeholder consultation process, policies and programmes to improve water management in agriculture and food production.

- By 2025, the Government includes nutrition and food security objectives in its water management policies.
- The impacts of agricultural investment on water supplies for drinking water must be fully regulated and implemented by 2025 to assure clean drinking water for effective food utilization and reduce risk of vector borne diseases (based on Par 28 (IV), CFS-RAI).
- By 2025, the Government develops and implements policies and regulations as well as programmes aimed at ensuring safe reuse of wastewater in agriculture by implementing a risk-based approach to identify and manage health risks and protect consumers, farmers, and communities at large.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Are there policies and programmes in place to improve water management in agriculture and food production?
- Do 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 agricultural sector?
- Which other forms of non-conventional water are used - what is their proportion in light the total supply?
- Are there any legal provisions for regulating/governing the use of wastewater irrigation in agriculture, such as regulations on quantity as well as microbiological and chemical quality of wastewater?

4. References to strategic and policy guidance

- FAO. 2007. Water for food – Water for life. Available from: http://www.fao.org/nr/water/docs/summary_synthesisbook.pdf
- HLPE. 2015. Water for food and nutrition. Available from: <http://www.fao.org/3/a-av045e.pdf>
- WHO 2006. Guidelines for the safe use of wastewater, excreta and greywater. Geneva, World Health Organization (http://www.who.int/water_sanitation_health/wastewater/gsuww/en)
- WHO 2015 Sanitation Safety Planning: manual for safe use and disposal of wastewater, greywater and excreta.

6. 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 the WHO estimates, 31 selected foodborne hazards, alone, cause 600 million illnesses and 420,000 deaths every year, resulting in 33 million DALYs lost. 40% of the foodborne disease burden is amongst children under 5 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 local problem to 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, virus, parasites, and prions and chemical contaminants such as heavy metals, environmental pollutants, mycotoxins and allergens.

1. Rationale

Safeguarding a nation's food supply as well as enabling access to international markets for local food producers requires risk-based regulation that are founded in sound science as well as suitable monitoring programs 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, frequently fragmented or non-existent legislation, poor coordination between jurisdictions and sectors, and weak capacity for surveillance, monitoring and enforcement undermine the effectiveness of food control systems, compromises food safety for local consumers and prevents 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. 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. Besides providing the scientific evidence base for food safety standards, FAO and WHO, in collaboration with other partners, have developed a range of tools and been providing technical assistance to member countries to enable them to take full advantage of the Commission's work in building their national food control systems. WHO and FAO have also established an International Food Safety Authorities Network (INFOSAN), to assist Member States in managing food safety risks, ensuring rapid sharing of information during food safety emergencies to stop the spread of contaminated food from one country to another.

2. Examples of SMART commitments for action at country level⁸

⁸ Further examples of SMART commitments and key issues to consider can be found in Annex 2

- ✓ Examples of SMART commitments for Recommendation 53:
 - By December 2020, the government has implemented national programmes for surveillance of foodborne diseases in humans and contamination of foodborne hazards in the food chain.
 - By December 2020, the government has evaluated the current national food control system using the FAO/WHO Food Control System assessment tool and has developed an action plan towards optimizing the food control system.
 - By December 2025, the Government has met these performance criteria for an effective national food control system:
 - a) Clear government commitment to protect consumers' health and interests, and ensure fair practices in food trade.
 - b) An integrated food chain approach ensuring transparency and the participation of all concerned stakeholders from farm to table.
 - c) The use of the risk analysis framework to inform and support decision-making including the establishment of appropriate food safety control measures
 - By December 2025, the government has modernised food safety legislation with clear powers and responsibilities assigned to relevant agencies.

- ✓ Examples of SMART commitments for Recommendation 54:
 - By December 2020, the government has established a mechanism with clearly defined Terms of Reference and procedures for consultation with key stakeholders on Codex matters.
 - By December 2020, the Government has prioritised, for regular physical participation on own costs, at least two Codex bodies dealing with nutrition or food safety subjects most relevant to the national context.
 - By December 2020, the government has started to make financial contribution to the FAO/WHO Codex Trust Fund aimed at enhancing the participation of developing countries in Codex.
 - By December 2025, the Government has reviewed/developed and harmonized national food safety legislation including regulations based on 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.
 - By December 2025, the government operates a central coordination mechanism to link all relevant competent authorities and key food business operators to address food safety emergencies.
 - By December 2025, the government collects food monitoring data and information from priority products to inform a risk-based programme, detect food safety problems and facilitate interventions such as product recall.
 - By December 2025, food control laboratories acquire capacity to contribute to manage food safety emergencies effectively.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Is there an effective national food control system?
- Does the country have estimates on the magnitude of national foodborne disease burden?
- Does the country have a surveillance system for foodborne diseases in humans?
- Does the country have a surveillance/monitoring system for foodborne hazards in the food chain?

- Is the current national food safety legislation and regulation risk-based and founded in science/ When was it last updated?
- Does the country have an officially nominated and fully functioning Codex Contact Point?"
- Does the country have a national Codex committee that meets regularly?
- Does the country have 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 prepared adequately prior to attendance and are they providing feedback upon return?
- Does the country have a registered and active INFOSAN Emergency Contact Point and at least one other Focal Point?
- Does the country have a food recall/withdrawal system?
- 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?
- Does the country have mechanisms for ensuring intersectoral collaboration and information-sharing concerning food safety and foodborne diseases?

4. References to strategic and policy guidance

- WHO. WHO estimates of the global burden of foodborne diseases. 2015. Available from http://www.who.int/foodsafety/publications/foodborne_disease/fergreport/en/
- FAO/WHO. FAO/WHO National food control system assessment tool (in preparation; draft version available from FAO/WHO on request)
- WHO. Strengthening surveillance of and response to foodborne diseases - Manual. 2016 (in print). Available from WHO on request
- FAO/WHO. Codex Alimentarius – Principles and Guidelines for National Food Control Systems. Available from: www.fao.org/input/download/standards/13358/CXG_082e.pdf
- FAO/WHO Food and Nutrition Paper. Assuring food Safety and quality – Guidelines for strengthening national food control systems. 2003. Available from: <http://www.fao.org/3/a-y8705e.pdf>
- FAO/WHO Food Standards Programme. Understanding the Codex Alimentarius. 2016. Available from: <http://www.fao.org/3/a-i5667e.pdf>
- FAO. Strengthening national food control systems – Guidelines to assess capacity building needs. 2006. Available from: <http://www.fao.org/3/a-a0601e.pdf>
- Diagnostic Tool for Assessing Status of National Codex Programmes. FAO/WHO 2016. Available from: http://www.who.int/foodsafety/areas_work/food-standard/DiagnosticTool-En.pdf?ua=1
- FAO. 2005. Perspectives and guidelines on food legislation, with a new model food law. Available from: <http://www.fao.org/3/a-a0274e.pdf>
- FAO/WHO guide for developing and improving national food recall systems <http://www.who.int/entity/foodsafety/publications/recall/en/index.html>
- FAO/WHO guide for application of risk analysis principles and procedures during food safety emergencies. Available from: http://www.who.int/entity/foodsafety/publications/risk_analysis/en/index.html
- FAO/WHO framework for developing national food safety emergency response plans. Available from: http://www.who.int/entity/foodsafety/publications/emergency_response/en/index.html
- FAO/WHO Risk Communication Applied to Food Safety Handbook, Available from: <http://www.fao.org/3/a-i5863e.pdf>

7. 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/RCP 61-2005.*
-

Antimicrobial drugs are an essential tool to combat infectious disease. When used prudently and correctly, they can play a critical role in ensuring good health in humans as well as in animals and plants, the latter being part of the food chain and sources of good human nutrition. 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 resistant (AMR) microorganisms, which is in turn associated, directly or indirectly, with reduced effectiveness to treat infectious disease in human and animal populations. While this phenomenon does occur naturally through microbial adaption 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 for the following areas: awareness and advocacy, 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.

1. Rationale

Strengthening national/regional policies and capacities, including 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, consumer protection, sustainable production of food, poverty alleviation, household income, food security, and help to optimize market opportunities and promote sustainable production and consumption patterns.

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 emergence of resistant microorganisms, take preventive measures and act promptly as necessary 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 sector 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, with the food and agriculture sector 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 and restriction of non-therapeutic use of antibiotics, especially those classified as critically important for human medicine by the World Health Organization⁹.

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

Strategies to address antimicrobial resistance (AMR) 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 and World Organisation for Animal Health (OIE));
- *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 (AMU) in humans, food animals and plants;
- *Raising awareness* (among students of medicine, animal science, agronomy and graduated physicians, veterinarians, pharmacists, value chain actors including producers and the public) about AMR;
- *Strengthening* continuing education of professionals or inclusion in licensing exams;
- *Developing* e-learning and social media usage 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 antibiotic for growth promotion purposes by proposing valuable alternatives;
- *Supporting* research to generate data on the prevalence and trends in AMU and AMR, as well as supporting risk assessment, risk management and risk communication in AMR.

2. Examples of SMART commitments for action

- ✓ Examples of SMART commitment for Recommendation 56:
 - By May 2017, the government adopts a national AMR action plan which fosters multisectoral collaboration and information-sharing between agriculture, animal health, environment and public health sectors.
 - By December 2020, the government implements annual AMR awareness raising events and campaigns including World Antibiotic Awareness Week.
 - By December 2017, the government implements a national surveillance system on AMR in humans and contributes data to the WHO Global AMR Surveillance System (GLASS) database.
 - By December 2020, the government implements, through a multi-stakeholder consultation process, well-functioning government structures to address AMR
 - By December 2025, the government implements monitoring of the use of antimicrobial agents in food animals and humans and contribute data to a regional or to a global database (e.g. OIE database,).
 - By December 2025, the government puts into place integrated surveillance of AMR allowing linked data analysis from humans, food and environment sectors.
 - By December 2025, the government puts in place links with the private commercial sector to address AMR and the import, manufacture, distribution and use of antibiotic agents.

⁹<http://www.who.int/foodsafety/publications/antimicrobials-third/en/>

- ✓ Examples of SMART commitment for Recommendation 57:
 - By December 2020 the government will ban use of antimicrobials for growth promotion.
 - By July 2021, the government will actively participate in the revision of the current Codex Code of Practice CAC/RCP 61-2005 for adoption by the Codex Alimentarius Commission.
 - By December 2025, the government adopts appropriate national legislation, regulation or guidelines on the prudent use of antimicrobials in the food chain, fully implementing the internationally recognized standards and guidelines (namely Codex Alimentarius, OIE standards, FAO and WHO guidelines).

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Do you know whether and how much the relevant stakeholders (e.g. consumers, farmers, food producers and retailers, patients, physicians, veterinarians, pharmacists, environmentalist) are aware 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 in human and agriculture regulated and controlled in country?
- Is there adequate laboratory capacity and knowledge to undertake antimicrobial susceptibility testing in both human and food and agriculture sectors?
- Are data available for the import, manufacture and use of antimicrobials sector by sector?
- Are surveillance mechanisms in place for the detection and monitoring of AMR in humans, food animals and environment?
- Are monitoring and surveillance data from different sectors analysed in an integrated manner?
- Are there adequate dialogues and information exchange across different sectors, e.g. by fora (agriculture and aquaculture, public health, and environment)?
- Are usage and resistance data from different sectors analyzed 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)?

4. References to strategic and policy guidance

- WHO. 2015. Global Action Plan on Antimicrobial Resistance. Available from: http://www.wpro.who.int/entity/drug_resistance/resources/global_action_plan_eng.pdf
- Integrated Surveillance of Antimicrobial Resistance. Guidance from a WHO Advisory Group. Available from: http://www.who.int/foodsafety/publications/agisar_guidance/en/
- WHO list of Critically Important Antimicrobials for Human Medicine. Available from: http://www.who.int/foodsafety/areas_work/antimicrobial-resistance/cia/en/
- FAO Action Plan on Antimicrobial Resistance. Available from <http://www.fao.org/3/a-mp128e.pdf>
- Wall B, *et al.* Drivers, Dynamics and Epidemiology of Antimicrobial Resistance In Animal Production. FAO, 2016. <http://www.fao.org/3/a-i6209e.pdf>
- Codex Alimentarius. 2015. Codex Texts on Antimicrobial Resistance. Available from ftp://ftp.fao.org/codex/Publications/Booklets/Antimicrobial/Antimicrobial_2015Tri.pdf
- FAO Conference Resolution 4/2015. Available from: <http://www.fao.org/3/a-mp779e.pdf>
- Codex Alimentarius Commission (CAC). 2011. Guidelines for risk analysis of foodborne antimicrobial resistance. CAC/GL 77-2011. Available from: www.fao.org/input/download/standards/11776/CXG_077e.pdf

- Codex Alimentarius Commission (CAC). 2005. Code of practice to minimize and contain antimicrobial resistance. CAC/RCP 61-2005. Available from: www.fao.org/input/download/standards/10213/CXP_061e.pdf
- Codex Alimentarius Commission (CAC). 2004. Code of practice on good animal feeding. CAC/RCP 54-2004. Available from: <http://www.fao.org/docrep/012/i1379e/i1379e06.pdf>
- WHO. 2016. Factsheet available from: <http://www.who.int/mediacentre/factsheets/fs194/en/>

DRAFT

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

8. 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.*
-

1. 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 noncommunicable diseases (NCDs). Strong people-centred 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 diarrhea, which can aggravate undernutrition need to be prevented and treated. In addition, health systems also have to address the long-term health consequences associated with overweight and obesity, such as diabetes and hypertension and other diet-related NCDs.

Access to health services and financial risk protection for all means universal health coverage (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 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.

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART commitments for Recommendation 25
 - By 2025, the Government has ensured that every inhabitant has 100% financial risk protection from out-of-pocket payments for health services.
 - By 2020, the Government has developed and adopted a National Health Quality Policy and Strategy with related procedures fully incorporating nutritional services
 - By 2020, the Government has adopted the target of domestic government health spending of at least 5% of GDP.

✓ Examples of SMART commitments for Recommendation 26:

- By 2020, the Minister of Health has established and ensured funding of a health workforce registry system to track health workforce stock, distribution, education, flows and remuneration, including information on staff delivering nutrition services (prevention; preventative; curative; palliative and rehabilitative services and health promotion).
- By 2025, the Minister of Health has posted a nutrition staff with a MSc. in public health nutrition in each of the health centres and maternities in the country.
- By 2025, the Government has ensured that the population, independent of household income, expenditure or wealth, place of residence or gender, has at least 80% essential health services coverage.
- By 2019, the Minister of Health has defined an essential nutrition health services package that has been formally integrated in the national essential package of health services.

✓ Examples of SMART commitments for Recommendation 27:

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

✓ Examples of SMART commitments for Recommendation 28¹⁰:

- By 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 2020, the Ministers of Education and Health have developed and implemented nutrition standards for foods served in schools that are consistent with national food-based dietary guidelines
- By 2025, the Ministry of Health has ensured annual national data collection, analysis and dissemination on BMI-for-age of adolescents.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Do the health and nutrition services included in the UHC package respond to the priority health-care needs of the whole population?
- Do national health systems strategies include policy actions to tackle malnutrition in all its forms?
- Have indicators related to specific nutrition interventions been integrated into the national health system monitoring framework? (i.e. human resources; governance; service delivery etc.)?
- Has the country promoted and supported any direct nutrition actions through health programmes?
- Does the national health plan reflect the WHO Global Strategy on Infant and Young Child Feeding; 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?

4. References to strategic and policy guidance

- WHA67.14 (2014); WHA64.9 (2011); UN (2001). Abuja Declaration
- World Health Assembly, 2017 Report A70/27 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

10 In the case of this recommendation, countries might select some specific targets from respectively 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

- UN Resolution A/67/L.36 http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/81
- WHO (2008). The World Health Report - PHC, Now more than ever. Geneva, World Health Organization.
- WHO (2015). Anchoring universal health coverage in the right to health: What difference would it make? Policy brief. Geneva, World Health Organization
- WHO (2016). Global Strategy on HRH: Workforce 2030. Geneva, World Health Organization.
- WHO (2016). Framework on integrated people-centred services. Geneva, World Health Organization.
- WHO (2015). Global reference list of 100 Core Health Indicators. Geneva, World Health Organization.
- WHO (2016) National Health Workforce Accounts: A Handbook. Geneva, World Health Organization.
- WHO (2016). Strategizing national health in the 21st century: a handbook / Gerard Schmets [et al].
- WHO (2013) Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition. Geneva, World Health Organization
- Library of Evidence for Nutrition Actions (eLENA)
- Framework on integrated, people-centred health services (IPCHS) http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_37-en.pdf
- WHO (2016). Report of the commission on ending childhood obesity. Geneva, World Health Organization

DRAFT

9. Stunting and wasting (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).*
-

1. Rationale

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

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

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 it was affected by an infectious disease, such as diarrhoea, which has caused weight loss.¹¹ 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 will i) take stock of their current prevalence; projected population growth; underlying causes of wasting and the resources available to address them; ii) set target annual reduction rates to guide intervention efforts; iii) effectively mobilize the necessary resources; iv) and develop and implement systematic plans for the reduction of wasting. Also, all countries need to examine inequalities among populations and identify priority actions for vulnerable or marginalized groups, where there are clusters of a vast number of wasting children.

Both moderate and severe wasting can be addressed by community-based management approaches, comprising of treatment as well as community awareness raising to facilitate early detection and treatments. Children 6–59 months 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 six months to 14 years old 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 breast-milk substitutes distribution and avoidance of donations that can undermine breastfeeding.

Childhood stunting remains one of the world's most fundamental challenges for 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, socioeconomic, political and cultural influences and it has long-term effects, including diminished cognitive and physical development, reduced productive capacity and poor health, and an

¹¹ WHO.2017. <http://www.who.int/mediacentre/factsheets/malnutrition/en/>

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.

Actions to prevent wasting have direct impacts on stunting, e.g. by enabling the early detection and treatment of wasting. Therefore, efforts and actions to address wasting and stunting should be coordinated and integrated for better results.

2. Examples of SMART commitments for action at country level

- ✓ *Examples of SMART commitments for Recommendation 34:*
 - By 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 World Health Assembly targets by 2025.
 - By 2019, the Minister of Health has included the management of severe acute malnutrition including wasting in the national costed Nutrition Plan, including a budget line for financing it.
 - By 2019, the Ministry of Health has approved and commissioned research to undertake an impact assessment of investments in nutrition programming made in 2010-2018 on the reduction of stunting and wasting in children below the age of five years.
- ✓ *Examples of SMART commitments for Recommendation 35:*
 - By 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 2020, the Ministry of Health has reviewed the existing National Nutrition Plans and ensured the integration of disaster risk reduction strategies including preparedness, early warning, and mitigation actions appropriate to national context.
 - By 2020, the Ministry of Finance and the Ministry of Health have jointly developed a national action plan to ensure an investment in emergency food reserves to reduce food price volatility.
- ✓ *Examples of SMART commitments for Recommendation 36:*
 - By 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 are provided with adequate food through social protection schemes.
 - By 2020, the Head of Government has increased investments by XX% to ensure that at least 80% of girls have completed successfully secondary school.
 - By 2020, the Ministry of Health has implemented a weekly iron/folic acid supplementation plan covering 80% of all adolescent girls in public secondary schools.
- ✓ *Examples of SMART commitments for Recommendation 37:*
 - By 2025, the Ministry of Health has formulated, implemented, monitored and evaluated a comprehensive national policy on infant and young child feeding.
 - By 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 2022, the Ministry of Health has fully integrated counselling and support for breastfeeding and appropriate complementary feeding in all health facilities in the country.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Do any of the national nutrition or health policies and strategies focus on community-based management of acute malnutrition including wasting and the integrated management of childhood illnesses?
- Are disaster and emergency preparedness measures included into relevant national policies and

- programmes?
- Are national policies and interventions available to improve maternal nutrition and health including adolescents?
 - Are policies, programmes and strategies in place at national level to promote optimal infant and young child feeding, particularly exclusive breastfeeding up to six months, followed by adequate complementary feeding?
 - Have policies and interventions to promote infant and young child feeding been implemented and monitored and evaluated at the national level?

4. References to strategic and policy guidance

- The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)
- WHO (2014) Guideline Updates on the management of severe acute malnutrition in infants and children
- WHO (2013) Essential Nutrition Actions improving maternal, new-born, infant and young child health and nutrition. Geneva, World Health Organization
- WHO (2012). World Health Assembly resolution WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition Geneva (available at http://www.who.int/nutrition/topics/WHA65.6_resolution_en.pdf?ua=1).
- WHO (2004). Guiding principles for feeding infants and young children during emergencies. Geneva, World Health Organization.
- Library of Evidence for Nutrition Actions (eLENA)

10. Policies and programmes related to health services to improve nutrition (Rec. 44, 46, and 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 diseases¹².*
 - ✓ **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.*
-

1. Rationale

Health services, including health extension, constitute an important platform for delivering both direct and indirect nutrition interventions. Direct nutrition interventions include for instance interventions related to the promotion, protection and support of breastfeeding or vitamin A, zinc, iodine supplementation. 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 birth weight. Women who have very closely spaced pregnancies are more likely to have maternal anaemia and preterm or low-birth-weight babies. Efforts to prevent adolescent pregnancy and to encourage pregnancy spacing are therefore needed.

Overall, improving nutrition involves actions at health facility and population levels with a continuum 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.

2. Examples of SMART commitments for action

- ✓ **Examples of SMART commitments for Recommendation 44:**
 - By 2022, the Head of Government/Minister of Health have organized two mass campaigns on the prevention of malaria within a time interval of maximum three years, which included the distribution of one LLIN for every two persons at risk of malaria.
 - By 2020, the Ministry of Health has integrated a LLINs distribution strategy into the National Malaria Control Programme including LLINs continuous distribution in antenatal, immunization and child health clinics in countries where contact rates are high.

¹² Including prevention of mother-to-child transmission of HIV, immunization against measles and antibiotic treatment for girls with urinary infections.

- ✓ **Examples of SMART commitments for Recommendation 46:**
 - **By 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 who are less than 5 years of age is increased from 20% to 80%.**
- ✓ **Examples of SMART commitments for Recommendation 49:**
 - **By 2020, the Minister of Health has ensured that high vaccination coverage with tetanus toxoid (TT or Td) among pregnant women is available and is correctly implemented.**

3. Key issues to consider

[The following questions may be used as a springboard for internal dialogue as countries formulate SMART actions and monitor and report on progress at regional, country and global level.]

- What are the monitoring, reporting and evaluation mechanisms in place to track rates and severity of malaria, infections, anaemia, etc. with special focus on pregnant women and children under 5 years of age?
- Are there policies and/or programmes in place to ensure universal access to and use of insecticide-treated nets and to provide preventative malaria treatment for pregnant women?
- Are there policies and/or programmes in place to improve health service capacity to prevent and treat infectious diseases?
- Are there policies and/or programmes in place to ensure that women have comprehensive access to quality health care services to support safe pregnancy and delivery?
- Are there policies and/or programmes in place 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, primary health care facilities) for distribution of vital medicines and service delivery of preventive measures capable of reaching at-risk populations; in particular pregnant women and children under 5 years of age? If not, what efforts are being pursued to expand capacity of distribution infrastructure?

4. Reference to policy and program guidance

- **e-Library of Evidence for Nutrition Actions (eLENA).**
- **To be further added**

11. Interventions related to health services to improve nutrition (Rec. 45, 47, and 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.
-

1. 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. through increasing the use of health services, antenatal care or promoting health education, preventing and treating infections, and improving women's reproductive health).

Worm infestations can impair nutritional status by causing blood loss, appetite suppression, and poor absorption of nutrients leading to 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% 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, and adequate sanitation and hygiene services is essential. Deworming should be implemented together with health and hygiene promotion to reduce transmission and reinfection by encouraging 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, and 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 10–14 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 5 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% or higher, intermittent iron supplementation is recommended as a public health intervention in preschool to improve iron status and reduce the risk of anaemia.

Vitamin A supplements should also be part of health services and delivered to children 6 to 59 months 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 insecticide-treated mosquito nets and immunizations.

2. Examples of SMART commitments for action at country level

- ✓ *Example of a SMART commitment for Recommendation 45:*
 - By 2020, the Minister of Health/Minister of Education has ensured at least a yearly delivery of anthelmintic treatment to at least 75% of school-age children in areas endemic for soil-transmitted helminthes.
- ✓ *Example of a SMART commitment for Recommendation 47:*

- By 2020, the Minister of Health has ensured that treatment of cases of diarrhoea in children under the age of five with a course of zinc supplementation for 10-14 days, in addition to ORS is increased from 20% to 80%.

✓ *Examples of SMART commitments for Recommendation 48:*

- By 2020, the Minister of Health has ensured three months of intermittent iron supplementation to preschool children 24-59 months followed by 3 months of no supplementation after which the provision of supplements should restart – in settings where the prevalence of anaemia in preschool children is 20% or higher.
- By 2018, the Minister of Health has ensured that all children diagnosed with measles have received one dose of a vitamin A supplement and in areas where measles case fatality is likely to be more than 1%, 2 doses should be given 24 hours apart.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

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

4. Reference to policy and program guidance

- Global Strategy on Women's, Children's and Adolescent's Health 2016-2030.
- WHO. 2016. Guideline: Daily iron supplementation in infants and children. Geneva, World Health Organization.
- WHO. 2013 Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition. Geneva, World Health Organization.
- WHO Global Database on the Implementation of Nutrition Action (GINA).
- e-Library of Evidence for Nutrition Actions (eLENA).

Action Area 3 - Social protection and nutrition education:

12. Nutrition education and information (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.*
-

Governments, the private sector, and civil society have taken actions since the first International Conference on Nutrition in 1992 to influence consumer awareness, attitudes, skills, preferences, and behavior around food, diet and nutrition. These actions can all be considered part of the process of “nutrition education¹³” 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 behaviors conducive to health and wellbeing”. 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.

1. 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 etc.), consumed (e.g. households, restaurants), and where information, education on food and diet is provided (e.g. clinics, hospitals, schools). Well-designed and effectively implemented nutrition education can motivate those participating to change dietary behaviors and provide them with the knowledge and skills to make healthy food choices in the context of their lifestyles and economic resources. It has

What can effective nutrition education achieve?

1. *Promote desirable food behavior and practices* by targeting knowledge, attitudes and skills and the enabling environment.
2. *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, accompanied by behavioral strategies to promote consumption.
3. Help fulfill the nutrition-related outcomes of agricultural development projects, the success of social protection programmes such as cash transfer and school food programmes as well as infant and young child feeding (IYCF) interventions.
4. Prevent malnutrition in all its forms including overweight, obesity and noncommunicable diseases.

¹³ Nutrition education related activities might be known by other names, e.g. Information, education, communication (IEC); information dissemination; Behavior Change Communication (BCC); nutrition promotion.

been proven to make a significant contribution to improved dietary practices, which contributes to important multisectorial outcomes through improved nutrition and prevention of noncommunicable diseases.

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART commitments for Recommendation 19:
 - By December 2025, the Ministry of Health has implemented a national awareness campaign through television, radio and printed media to introduce the national dietary guidelines to the general public.
 - By December 2025, the Ministry of Health has developed a new nutrition education and behaviour change programme on the national dietary guidelines to be implemented in all primary schools throughout the country.
 -
- ✓ Example of SMART commitment for Recommendation 20:
 - By December 2025, the Ministry of Health has ensured that all medical faculties of national universities and higher professional education institutions have included a public health nutrition module into their curricula for health professionals.
- ✓ Example of SMART commitment for Recommendation 21:
 - Between 2017 and 2025, the Government has put in place X number of comprehensive social marketing interventions to increase and diversify fruit and vegetable consumption among primary school children in 6 out of the 9 provinces in the country.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Do any of the national nutrition-related policies spell out the role of food and nutrition education to improve nutrition among school children?
- Are national food-based dietary guidelines available for and promoted to specific population groups such as children, adults, pregnant and lactating women and elderly persons?
- Are national school meal standards available and in use?
- Have nutrition education and behaviour change interventions been implemented from 2016 onwards in different settings as well as been monitored and evaluated at the national level?
- 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 food choices?
- Has nutrition education been mandatory included at the national level in primary and/or secondary school curricula or their extra-curricular activities?

4. References to strategic and policy guidance

- FAO, 2014. Nutrition, education and awareness raising for the right to adequate food. Available from: <http://www.fao.org/3/a-i3895e.pdf>
- FAO & Hawkes C, 2013. Promoting healthy diets through nutrition education and changes in the food environment: an international review of actions and their effectiveness. Rome: Nutrition Education and Consumer Awareness Group, Food and Agriculture Organization of the United Nations. Available from: www.fao.org/ag/humannutrition/nutritioneducation/69725/en/

- FAO & McNulty J, 2013. Challenges and issues in nutrition education. Rome: Nutrition Education and Consumer Awareness Group, Food and Agriculture Organization of the United Nations. Available from: www.fao.org/ag/humannutrition/nutritioneducation/en/
- WHO, 2012. Prioritizing areas for action in the field of population-based prevention of childhood obesity. World Health Organization. Available from: http://apps.who.int/iris/bitstream/10665/80147/1/9789241503273_eng.pdf?ua=1
- WHO, 2015. Fact sheet: Healthy diet. World Health Organization. Available from: http://www.who.int/elena/healthy_diet_fact_sheet_394.pdf?ua=1
- WHO, 2016. Report of the Commission on Ending Childhood Obesity Available from: <http://www.who.int/end-childhood-obesity/publications/echo-report/en/>

DRAFT

13. 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 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.

The ICN2 Framework for Action is in line with the SDG targets on social protection and can be used to strengthen and complement existing and pending country commitments.

1. 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 food, 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 multi-sector approach, as called for in the ILO guidance on social protection floors. When combined with relevant health services, well-designed social protection programmes result in improved height, reduced anemia, and raised consumption of nutrient-dense foods, especially in low-income households with infants and children. Every social protection instrument provides specific entry points for

Key principles to achieve a positive impact of social protection on nutrition:

1. Target the nutritionally vulnerable
2. Incorporate explicit nutrition objectives and outcome indicators in social protection programming and evaluation frameworks
3. Promote social protection schemes that enable households to access healthy diets and livelihoods
4. Strengthen linkages to health and sanitation services
5. Integrate nutrition education and promotion in social protection programme activities
6. Scale up shock-responsive social protection and safety nets in times of crises to mitigate the threat of increased food insecurity and

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) and that the systems are orchestrated with adequate attention to accountability and transparency.

2. Examples of SMART commitments for action at county level

- ✓ *Examples of SMART commitments for Recommendation 22:*
 - By December 2025 the Government has expanded the current nutrition sensitive social protection programme to achieve a minimum national coverage of 80% of the target population.
 - By December 2025, the Government has achieved at least 80% coverage of nutrition-vulnerable populations through safety net programmes.
- ✓ *Examples of SMART commitments Recommendation 23:*
 - Between 2017 and 2025, the Government increases (by % of children stunted/ % poor households with children) the reach of cash and food transfer programmes that include linkages with nutrition-sensitive interventions.
 - By December 2025, the Government has expanded and scaled-up (home grown) school feeding programmes targeted to vulnerable student populations.

3. Key issues to consider or evidence needed to demonstrate the implementation of commitments

- 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 (nutrition education, communication sessions, etc.) to enhance impact, including promotion of healthy diets?
- Are cash and food transfer programmes (including school feeding programmes) for vulnerable populations effectively linked with nutrition sensitive activities (local procurement to small-farmers, school gardens, etc.) to enhance impacts, including promotion of healthy diets?

4. Reference to policy and program guidance

- FAO. Nutrition and Social Protection [Internet]. March 2015. Available from: <http://www.fao.org/3/a-i4819e.pdf>.
- FAO. 2014. Social protection and an enabling environment for the right to adequate food. Available from: <http://www.fao.org/3/a-i3894e.pdf>.
- FAO. The State of Food and Agriculture 2015 in Brief. 2015. Available from: <http://www.fao.org/3/a-i4953e.pdf>.
- HLPE. Social Protection for Food Security: A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security. June 2012. Available from: <http://www.fao.org/3/a-me422e.pdf>.
- Social Protection Programmes for Food Security and Nutrition: An Assessment Tool (ISAP) – under development.
- http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524
- http://www.ohchr.org/Documents/Issues/Food/20120703_SRFoodCommentsSocialProtection.pdf

14. 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.*
-

Creating new jobs in rural areas and upgrading the quality of existing ones should be a core aspect of any agriculture and rural development strategy to address the global hunger challenge. Given the fact that poor people may spend as much as 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 labor demand over time.

1. Rationale

Ensuring regular and decent income for the consumers is essential to achieve good nutrition, as it allows purchase of healthy foods, but also access to health care and education services. However, increase in household income (as well as poverty reduction, at aggregate level) does not necessarily lead to improved nutrition. Several factors influence the nutrition effects, 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 benefitting 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 women's work burden. 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. Nevertheless, promoting decent employment in food and agricultural systems can be functional to improve 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.

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART commitments for Recommendation 24:
- By December 2025, the Government has implemented programmes and policies that promote the generation of decent farm and non-farm employment and entrepreneurship opportunities for men, women and youth.
 - By December 2025, the Government has achieved a reduction of the unemployment rate from X% to Y% and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.
 - By December 2025, the Government has progressively decreased of the % of households that have a national or monthly income below the national poverty line.

3. Key issues to consider

- Are there programmes and policies that promote the generation and maintenance of decent farm and non-farm employment opportunities for men, women and youth?
- Are there programmes and policies that promote entrepreneurship and access to credit, markets and inputs, especially for youth and women?
- Are there programmes that ensure fair wages and provide an adequate living income for rural workers?
- Are there mechanisms ensuring the effective application of Occupational Safety and Health (OSH) measures and promoting access to social services (e.g. crèches, sanitary facilities)?
- Are there policies or programmes that ensure coverage by social protection to rural populations?
- Are there policies and programmes promoting income diversification strategies?

4. References to strategic and policy guidance

- FAO, 2012. Decent rural employment for food security – a case for action. Available from: <http://www.fao.org/docrep/015/i2750e/i2750e00.pdf>
- FAO, 2016. Incorporating decent rural employment in the strategic planning for agricultural development. Available from: <http://www.fao.org/3/a-i5471e.pdf>
- FAO, 2015. Understanding decent rural employment. Available from: <http://www.fao.org/3/a-bc270e.pdf>
- FAO, 2015. Decent work indicators for agriculture and rural areas. Available from: www.fao.org/3/a-i5060e.pdf
- FAO. Decent rural employment toolbox. Available from: <http://www.fao.org/rural-employment/toolbox/en/>

Action Area 4 - Trade and investment for improved nutrition:

15. 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 agricultural 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 nutrition outcomes.

1. Rationale

Nutrition-sensitive agriculture and food system places consumers' nutrition and health needs at the center 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. Food system investments 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 into infrastructure, investments that increase household production diversity 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. Nutrition-sensitive food system investments should focus on strengthening value chains for non-staples more nutrient—dense crops, strengthening cold chain technology and improving post-harvest handling, connecting smallholders to emerging supply chains for growing urban centers. Another important investment area is in safety and nutrition standards, product reformulation and consumer awareness regarding the importance of consuming healthy foods.

Increasingly, countries are faced with a different set of challenges, related to the emergence of overweight or obesity, often co-existing with undernutrition or micronutrient deficiencies (triple burden of malnutrition). This requires managing the impacts of highly industrialized, vertically integrated agri-food industries that often favor 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 favor of more diversity and better quality food commodities and regulating food industries in terms of product reformulation, advertisement, labeling claims, 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 healthy meals 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 healthy foods; private sector research and development to reformulate products and to improve the taste and appeal of healthy food items.

Nutrition-sensitive investments in agriculture and sustainable food systems will yield nutritional benefits for food suppliers (producers, processors and 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.

2. Examples of SMART commitments for action at country level

✓ *Examples of commitments for Recommendation 4:*

- Between 2017 and 2019, the Ministry of Finance will increase the allocation of resources for nutrition from the current xx (US\$ or %) to yy (US\$ or %)
- By December 2018, the Ministry of Health has engaged in public-private partnerships with at least 10 SME to support the salt iodization strategy and increase the consumption of iodized salt from x to y percent of rural households. (based on SDG 17, CFS-RAI Par 40(iii))

✓ *Examples of SMART commitments Recommendation 8:*

- By July 2019, the Government has evaluated its current food and agriculture investment policy and produce a report with recommendations on how to better integrate nutrition objectives into national investment policies and programmes
- By December 2020, the Ministry of Finance in collaboration with the Ministry of Agriculture have redirected 30% of the national agricultural subsidy scheme for maize (staple crop) into support for the cultivation of more diverse and non-staple food crops according to the national agricultural investment and development plan.
- From 2017 to 2019, the Ministry of Agriculture will invest xx Million USD in supporting and leveraging smallholders' investments into inputs and technologies that improve the safety, quality, sustainability and nutritional value of their legume production.
- Between January 2018 and December 2020, the Ministry of Finance will increase the public sector government budget for home gardening in the northern, eastern and southern districts from the current 50,000 to 500,000 UDS.

✓ *Example of SMART commitment Recommendation 17:*

- December 2020, the Ministry of Agriculture together with 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 380.000 smallholders in 4 Regions of the country.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Are there any national commitments to increasing investments in nutrition?
- Is there a national policy mapping and monitoring mechanism or a system in place that facilitates assessing the integration of nutrition objectives into investments, policy, 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 or finance) well aligned with agricultural investment strategies?

4. References to strategic and policy guidance

- FAO. 2015. Designing nutrition-sensitive agriculture investments Checklist and guidance for programme formulation. Available from: <http://www.fao.org/3/a-i5107e.pdf>.
- FAO. 2016. Compendium of indicators for nutrition-sensitive agriculture. Forthcoming.

- Committee on World Food Security. 2014. Principles for responsible investment in agriculture and food systems. Available from: http://www.fao.org/fileadmin/templates/cfs/Docs1314/rai/CFS_Principles_Oct_2014_EN.pdf.
- UN Standing Committee on Nutrition. December 2015. Investments for Healthy Food Systems. Available from: http://www.unscn.org/files/ICN2_TPM/EN_final_Investments_for_Healthy_Food_Systems_UNSCN.pdf.
- United Nations. 2015. Financing for Development. Available from: http://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf.

DRAFT

16. 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 endeavor 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 who 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.

1. Rationale

The degree of coherence and/or incoherence between trade policy and nutrition action depends on a wide range of factors, including the forms of malnutrition and the foods affected; the characteristics of subpopulations and food systems in countries; and the trade reforms and existing policy and institutions in place in countries and trading partners. 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.

Four fundamental actions are needed to enable and motivate policy coherence between trade policy and nutrition action:

- a) *Better analysis of the coherence between trade policy and nutrition action* to both 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 is needed for international and regional trade agreements, but most importantly, at the national level at which trade policies are actually implemented and people experience malnutrition.
- b) *The implementation of complementary policies* as part of the package of trade reforms to ensure benefits of trade policies are transferred to the people who most need them, and to mitigate the risks.
- 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 those policies and to expand the policy space for nutrition action in trade agreements.
- d) *Better governance mechanisms*, to, along with greater capacity, enable 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, as is now reflected in the Agenda 2030 for Sustainable Development (SDG's) and ICN2. Without this step it will be difficult to motivate increased coherence between trade and other economic development policies, and nutrition.

2. Examples of SMART commitments for action at country level

✓ Examples of SMART targets/commitments for Recommendation 17:

- From 2016 to 2025, the Government, through a multi-stakeholder consultation process, has addressed nutrition-related concerns and objectives in all Government's trade and investment policies that are being developed or revised within this time frame.

✓ Examples of SMART targets/commitments for Recommendation 18:

- By December 2025, the Government has integrated the concerns related to the improvement of availability and access of food supply in the international trade agreements that the Government will agree upon from 2017 to 2025.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Are the existing national trade agreements and policies supportive to achieve the global food and nutrition targets?
- Are there any tools or mechanisms available to assess that a country's trade policy do not have a negative impact on availability and access to food in other countries?
- Is there a national evaluation mechanism in place to assess the coherence of national trade policies and related nutrition actions?
- Are nutrition policies supportive to achieve the goals underlying trade policies?

4. References to strategic and policy guidance

- FAO. 2003. Trade Reforms and Food Security – Conceptualizing the linkages. Available from: <ftp://ftp.fao.org/docrep/fao/005/y4671e/y4671e00.pdf>
- FAO. 2006. Trade Reforms and Food Security. Country Case Studies and Synthesis. Available from: <ftp://ftp.fao.org/docrep/fao/009/a0581e/a0581e00.pdf>
- FAO. 2015. The State of Agricultural Commodity Markets – Trade and Food Security: achieving a better balance between national priorities and the collective good. Available from: <http://www.fao.org/3/a-i5090e.pdf>
- UN Standing Committee on Nutrition. 2015. Enhancing Coherence between Trade Policy and Nutrition Action. Available from: http://www.unscn.org/files/ICN2_TPM/UNSCN_ENGLISH_Trade_and_Nutrition_Dec_2015.pdf

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

17. 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 sugar, sodium and/or fat, and inadequate consumption of diverse diets, containing a variety of foods - including whole grains, legumes, nuts, fruits and vegetables - are a leading risk factor for non-communicable disease. These illnesses are now the primary cause of premature death in high-income countries and most parts of the developing world. 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 prevalence of non-communicable disease. 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.

1. 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 food-based dietary guidelines (FBDGs) are an important tool that governments can use to inform, evaluate and align policy and programs 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

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 workers, programme planners and policy makers (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 etc.
- Be widely promoted – everybody should know about them

official, accessible and easy roadmap for how people should eat and purchase food. To fulfill 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 with them and use other tools that place consumers in a position to make healthy eating the easier, and possibly preferred, option. Globally there is a consensus that such tools/areas of intervention include: 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. Label designs should be appealing to all types of people, including those with low literacy and numeracy skills. Improving the legibility of labels would improve consumer use of nutrition information. In the case of labelling for example, governments are recommended to label processed foods as a tool to inform the public about the nutritional content of specific food products and to assist consumers in making healthy food purchases. All consumers need to be able to rely upon the truthfulness of information on a package, which helps them to distinguish among products and to make proper use of the products. At best, labels are part of the environment that enables consumers to make food choices according to their needs and desires, such as for instance front-of-pack labels that use numbers, symbols and rankings to summarize the nutritional quality of the product.

In the case of agriculture, globally there has been a historic tendency to subsidize cereals to the detriment of legumes and fresh 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 fresh fruits and vegetables either in the form of production subsidies/incentives or consumer vouchers. Food composition can support the decision making on which crops to promote. Some specific labels such as organic or geographical indications could also support local and traditional varieties and breeds and be used as economic incentives for producers at the same time than improved communication for consumers.

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART commitments for Recommendation 13:
 - By 2025, the Ministry of Health, has developed national guidelines on healthy diets that are in line with FAO/WHO dietary recommendations and that have been adapted to the local context.
 - By 2025, the Ministry of Health has implemented regulations to protect geographical indications to promote biodiversity and sustainable consumption and production especially of fresh fruits and vegetables.
- ✓ Examples of SMART commitments for Recommendation 15:
 - By 2025, the Government has implemented a regulatory or voluntary instrument to reduce marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt, to children.
 - By 2025, the Government has implemented legislation that forbids marketing and sale of foods high in saturated fats, trans-fatty acids, free sugars, or salt in settings where children gather, such as nurseries, primary and secondary schools, school grounds, sports facilities and pre-school centers and playgrounds.

- By 2025, Governments implement and promote national organic production regulations based on Codex Alimentarius as well as national regulations for protecting geographical indications that promote biodiversity and sustainable consumption and production especially of fresh fruits and vegetables.
- ✓ Example of SMART commitment for Recommendation 16:
 - By 2025, the Government has implemented measures to make safe drinking water mandatory accessible in all primary and secondary schools, universities and government offices throughout the country.
 - By 2025, the Government has put in place a National School fruit and vegetable programme aligned with the National Food Based Dietary Guidelines.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Have national FBDGs in line with FAO/WHO dietary recommendations been developed?
- Are these national food based dietary guidelines 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/legislations to make healthy diets and safe drinking water accessible in public facilities?

4. References to strategic and policy guidance

- FAO. 2016. Minimum Dietary Diversity for Women. Available from: <http://www.fao.org/3/a-i5486e.pdf>
- FAO. Influencing food environments for healthy diets; FAO, Rome, Italy, 2016. Publication available at: <http://www.fao.org/3/a-i6484e.pdf>.
- FAO/WHO. 1996. Preparation and use of food-based dietary guidelines. Available from: <http://www.fao.org/docrep/x0243e/x0243e00.htm>
- Gonzales, C; Garnett T. 2016. Pates, Pyramids and Planets – Developments in national healthy and sustainable dietary guidelines: a state of ply assessment. FAO. Available from: <http://www.fao.org/3/a-i5640e.pdf>
- WHO (2013), Global Action Plan for the Prevention and Control of Non-communicable Diseases: 2013-2020, Geneva, Switzerland
- <http://www.who.int/mediacentre/factsheets/fs394/en/>

18. Promote, protect 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.*
-

1. 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 diarrhoea disease and a fivefold risk reduction for respiratory illness. Additionally, breastfeeding has long-term benefits in the form of reduced risk of noncommunicable diseases. Furthermore, breastfeeding is good economics as it will reduce significantly costs for treatment of childhood illnesses such as pneumonia, diarrhoea and asthma. Breastfed children perform better in intelligence test, are less likely to be overweight or obese, and less prone to diabetes later in life. It contributes to an adequate, nutritious 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.

Government leaders have the primary responsibility for taking action at country level, in dialogue with a broad range of stakeholders, including affected communities. A national legislation need to be in place and also a system to ensure the 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 1 year of age. Just over half of countries sufficiently prohibit public advertising and promotion of products. Less than half of countries prohibit the provision of free or low-cost supplies to health facilities, while the provision of financial or material gifts to health workers or members of their families is prohibited in just of half of the countries. Less than half of countries ban the use of nutrition and health claims on designated products.

2. Examples of SMART commitments for action at country level

- ✓ *Examples of SMART commitments for Recommendation 29:*
 - By 2020, a functional Unit will have been established - in the Ministry of Health- to efficiently and actively monitor, implement and enforce sanctions in case of violations of the International Code of Marketing Breast-milk substitutes.
- ✓ *Examples of SMART commitments for Recommendation 30:*
 - By 2020, Ministry of Labour has set up legislation that ensures that at least 60% of workspaces has a private space where women can breastfeed their child during working hours and provides paid daily breaks or a daily reduction of hours of work for female lactating workers.

- By 2020, the Government has ratified the ILO Maternity Protection Convention ensuring maternity leave of at least 14 weeks paid at 66% of previous earnings, funded by compulsory social insurance or public funds (ILC C183).
- ✓ *Examples of SMART commitments for Recommendation 31:*
 - By 2020, the Ministry of Health has passed legislation that requires all hospitals and maternities to follow the Baby-Friendly criteria.
 - By 2018, the Ministry of Health has included a budget line item covering lactation support services including rolling out breastfeeding counselling and lactation management training to 80% of health workers in maternity facilities.
- ✓ *Examples of SMART commitments for Recommendation 32:*
 - By 2020, the Head of Government has ensured that all government employees can benefit of paid parental leave of at least of minimum of xx weeks.
- ✓ *Examples of SMART commitments for Recommendation 33:*
 - By 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 promote, protect and support breastfeeding in all contexts and to build capacity for all relevant health staff.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Does the country have a mechanism in place to monitor, implement and enforce sanctions in case of violations of the International Code of Marketing Breast-milk substitutes?
- Does the country coordinates across sectors to provide specific policies and strategies for working mothers?
- Does the country apply principles of the Baby-Friendly Hospital Initiative to implement practices that protect, promote and support breastfeeding?
- Does the country invests in terms of communication, education and advocacy on the active engagement of fathers in caring for their infants and young children?
- Does the country have a mechanism in place to promote and support breastfeeding during emergency situations and humanitarian crises?

4. References to strategic and policy guidance

- WHO (1981). International code of marketing of breast-milk substitutes. Geneva, World Health Organization.
- WHO and UNICEF (2003). Global strategy for infant and young child feeding. Geneva, World Health Organization.
- WHO and UNICEF (2009). Baby-friendly hospital initiative. Geneva, World Health Organization.
- WHO (2016). Marketing of Breast-milk Substitutes: National Implementation of the International Code: Status Report 2016. Geneva, World Health Organization.
- Lancet Series on Breastfeeding (2016)
- WHA69.9 (2016) Ending inappropriate promotion of foods for infants and young children.
- http://www.who.int/nutrition/publications/inf_assess_nnpp_eng.pdf

19. 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*
-

1. 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 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 for reducing and preventing childhood overweight and obesity – in line with the global nutrition target of no increase in childhood overweight by 2025 – alongside actions to address undernutrition problems.

Children's eating behaviors are susceptible to many external influences within their families, schools and communities. Currently, many of these influences promote dietary patterns that predispose to obesity including rapidly changing food systems, sedentary lifestyles and the spread of unhealthy food marketing. Children who have been undernourished, either in utero or in early childhood, are at particular risk of becoming overweight and obese if then faced with an obesogenic environment.

Many low- and middle-income countries now witness a simultaneous rise in childhood overweight and obesity resulting in a 'triple burden' of malnutrition which is characterized by the coexistence of undernutrition and micronutrient deficiencies along with overweight and obesity, or diet-related noncommunicable diseases, 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, noncommunicable diseases¹⁴, premature death and disability in adulthood. Measures to limit such influences are therefore needed by starting with some key actions such as breastfeeding promotion (considering its role in reducing the risk of childhood obesity), health promoting schools programmes (with the provision of fresh fruits and vegetables at schools as well as the restriction of sugar-sweetened beverage consumption) 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 noncommunicable diseases later in life. Behaviorally

¹⁴ 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 noncommunicable diseases are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

focused nutrition education and counselling is widely recognized as a key strategy to improve the nutritional status of women and children through:

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

2. Examples of SMART commitments for action at country level

- ✓ *Examples of SMART commitments for Recommendation 38:*
 - By 2020, the Ministry of Health has ensured that at least 80% of the health professionals in all 200 regional primary health centers in the country have been trained to support and promote breastfeeding to pregnant and lactating women visiting the centers, in adherence to The 10 Steps to Successful Breastfeeding (The Ten Steps) and the WHO International Code of Marketing of Breast-Milk Substitutes (The WHO Code).
- ✓ *Examples of SMART commitments for Recommendation 39:*
 - By 2020, the Ministry of Health has established and operationalized mechanisms to enforce effectively and monitor adherence to its legislation on the marketing of complementary foods for infants and young children.
 - By 2018, the Ministry of Health has adopted the WHO child growth standards and 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 2019, the Ministry of Health has communicated a written policy to all health-care staff of all medical facilities about adequate complementary feeding.
- ✓ *Examples of SMART commitments for Recommendation 40:*
 - By 2020, the Head of Government has endorsed a policy framework to restricting all marketing to children up to 18 years of age of foods with a high content of saturated fats, trans-fatty acids, free sugars, or salt including sanctions and a system for reporting noncompliance.
 - By 2018, the Ministry of Health has assessed the impact of all national legislation, regulation and guidelines to tackle the marketing of foods high in fat, sugar or salt and non-alcoholic beverages to children.
 - By 2020, the Head of Government has implemented a tax on sugar-sweetened beverages to reduce their consumption.
- ✓ *Examples of SMART commitments for Recommendation 41:*
 - By 2020, the Ministry of Health has provided, in collaboration with other sectors (such as urban planning and transportation) and stakeholders, safe facilities, resources and opportunities for all children up to 18 years of age to be physically active during recreational time in all schools in the country.
 - By 2020, the Ministry of Health has developed and implemented a national evidence-based, targeted and appropriately funded, public education campaign on the importance of physical activity.
 - By 2020, the Ministry of Health, Ministry of Education and Ministry of Transport have jointly established a national transport policy that promotes active and safe methods of travelling to and from schools and workplaces, such as walking or cycling.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Does the country have an estimate on the magnitude of national childhood overweight and obesity?
- Is there a national control system or legislation on all milk products including other complementary feeding products intended and marketed as suitable for feeding young children up to the age of 36 months?
- Does the country have a mechanism in place at national and local level to ensure breastfeeding promotion activities?
- Is there a mechanism for multisectoral collaboration that facilitates and promote physical activity for health for all age groups?
- Does the country have a mechanism in place to regulate the marketing of food and non-alcoholic beverages to children?

4. References to strategic and policy guidance

- The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)
Commission on Ending Childhood Obesity. Report of the Commission on Ending Childhood Obesity. Geneva: World Health Organization; 2016, available at: http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1
- WHO UNICEF IBFAN. (2016). Marketing of Breast-milk Substitutes: National Implementation of the International Code: Status Report 2016
- WHO (2014). Comprehensive Implementation Plan for Maternal Infant and Young Child Nutrition (MIYCN). Geneva, World Health Organization.
- WHO (2013). Essential nutrition actions – Improving maternal, newborn, infant and young child health and nutrition
- WHO (2013). WHO Global NCD Action Plan 2013–2020,
- WHO, Global Strategy on Diet, Physical Activity and Health).
- WHO (2010) WHO Recommendations on Marketing of Foods and Non-alcoholic Beverages to Children
- WHO (2010) Global Recommendations on Physical Activity for Health
- WHO (2016) Fiscal Policies for Diet and Prevention of Noncommunicable Diseases
- *WHA 63.14* (2010)

20. 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 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.*
-

1. Rationale

Micronutrient deficiencies present 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 low-income countries. In many low-income countries, it is 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 and thus 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 World Health Assembly in 2012. Where 41 countries are on course to achieve the stunting target, 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 the 50% reduction in anaemia among women of reproductive age by 2025, direct nutrition interventions including iron, 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 etiology and the population groups affected, as well as local values and preferences. Implementation of recommendations on provision and promotion of healthy diets in schools, preschools and at community level, provision of nutrition education, treatment and prevention of infectious diseases and improvement of hygiene and sanitation is also important.

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

2. Examples of SMART commitments for action at country level

- ✓ *Examples of SMART commitments for Recommendation 42:*
 - By 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 2020, the Ministry of Health has ensured an adequate intake of foods rich in iron including through fortification for at least 97.5% of the women of reproductive age.

- By 2022, the Ministry of Health has included critical anaemia indicators for vulnerable groups in the routine health management information system as well as adequate reporting.
- By 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:*

- By 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% compliance rate.
- By 2019, the Ministry of Health has ensured that the iron and folic acid supplementation programme for pregnant women is integrated in antenatal care interventions and includes effective communication for ensuring adherence to the supplementation scheme.
- By 2020, the Ministry of Health, has conducted a national anaemia survey (specify target groups depending on the local context) and used the results to assess the needed acceleration rate of reduction to reach the national target.

3. Key issues to consider Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Has a national anaemia situation analysis been done 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)?
- Do nutrition and agricultural policies and investments include fortification, biofortification, supplementation strategies and can they ensure healthy diets? Are those policies monitored and evaluated to measure impact?
- Do national health policies include antenatal care strategies and investments to ensure iron folic acid and other micronutrient supplementation to pregnant women?
- Is there routine monitoring of anaemia through the health system?

4. References to strategic and policy guidance

- [WHA 65.6 \(2012\)](#)
- [The Global Strategy for Women's, Children's and Adolescents' Health \(2016-2030\)](#)
- WHO. 2016. Guideline: Daily iron supplementation in infants and children. Geneva, World Health Organization.
- WHO. 2016. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, World Health Organization. Comprehensive implementation plan on maternal, infant and young child nutrition -
- WHO. 2011. Guideline: Intermittent iron and folic acid supplementation in menstruating women. Geneva, World Health Organization.
- WHO, FAO. 2006. *Guidelines on food fortification with micronutrients*. Geneva, World Health Organization.
- Library of Evidence for Nutrition Actions (eLENA)

21. 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 including by implementing effective risk assessment and management practices on safe wastewater use and sanitation and to promote safe hygiene practices, including hand washing with soap*
-

1. Rationale

Access to safe drinking water and adequate sanitation is recognized as a human right essential for health. 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, 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. In the absence of diarrhoea, children living in unsanitary environments are also exposed to high concentrations of pathogens which may impair gut function and negatively affect nutritional status.

2. Examples of SMART commitments for action at country level

- ✓ *Examples of SMART commitments for Recommendation 51 and 52:*
 - By 2030, the Ministry of Health has ensured that a percentage of primary and secondary schools has improved their sanitation facilities accordingly with the WHO standards; including a Monitoring System.
 - By 2020, the Ministry of Health has ensured that a percentage of hospitals, health care facilities at urban and rural levels have improved their sanitation facilities accordingly with the WHO standards.
 - By 2020, the Ministry of Finance and Planning has established a minimum annual allocation to sanitation and hygiene of 2% of national expenditure.
 - By 2020, the Ministry of Health has implemented some specific strategies such as eliminate open defecation and promote access to and use of adequate sanitation facilities by paying special attention to vulnerable populations.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Does the country has a mechanism in place e/o strategy to provide to citizen access to safe drinking water?
- Has the country promoted and supported in public places such as schools and hospitals safe hygiene practices including hand washing with soap?
- Does the country have a monitoring system to report on access to adequate sanitation in schools, hospitals, and health-care facilities?
- Has the public sector budget specific allocations for water, sanitation and hygiene?
- Has the country any M&E activities for household water treatment and safe storage programmes?

4. References to strategic and policy guidance:

- WHO (2015). Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical Solutions for Policies and Programmes. Geneva, World Health Organization.
- WHO/UNICEF (2013) End preventable deaths: Global Action Plan for Prevention and Control of Pneumonia and Diarrhoea. Geneva, World Health Organization.

- WHO (2013). Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition. Geneva, World Health Organization.
- WHA 65.6 (2012)
- United Nations General Assembly resolution 64/292 (2010)
- A set of core indicators, including two on WASH, was approved by the Sixty-eighth World Health Assembly in 2015 (see http://apps.who.int/gb/ebwha/pdf_les/WHA68/A68_9-en.pdf and WHA68(14) in http://apps.who.int/gb/ebwha/pdf_les/WHA68/A68_DIV3-en.pdf)

DRAFT

Action Area 6 - Strengthened governance and accountability for nutrition:

22. 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, intersector, 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 nutrition outcomes requires action across sectors, including food and agriculture (e.g. improving access to a diverse and healthy diet), health (e.g. promoting adequate breastfeeding and childcare practices), 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 participation, transparency, equity and accountability as key principles.

1. 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, livestock, forestry, fisheries, 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 the formulation and implementation of sustainable programmes, thus increasing local buy-in, sustainability and accountability.

Key elements of functional national and sub-national level coordination mechanisms:

- It has a clear mandate.
- It has regular information exchange. Including through regular meetings.
- All members actively participate in meetings and decision-making and contribute to the dialogue.
- The coordination mechanism has an adequate number of human resources dedicated to the functioning of the coordination mechanism.
- It has adequate financial resources allocated to the functioning of the coordination system.
- It engages in national food security and nutrition policy/programme formulation.
- It has the mandate to enforce recommendations and hold its stakeholders accountable.

(Source: FAO. 2014. Food Security Commitment and Capacity Profile).

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, pooling of ideas and funds. These actors include NGOs, CSOs, the private sector, national and international development partners, and research institutions. Representation of civil society partners within 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, designated funding streams, and accountability frameworks, is key to operationalization and prevention and management of conflicts of interest.

The UN system also provides unified 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. Further, the UN system has the responsibility to reach out to existing country coordination platforms and strategic partners to ensure that lessons and experiences of these actors are captured in global learning and exchange of information, while providing guidance to their nutrition programming to ensure alignment with globally and inter-governmentally agreed nutrition targets and goals.

2. Examples of SMART commitments for action

- ✓ *Example of SMART commitment for Recommendation 1:*
 - By December 2017 the Government has established (or strengthened), through a multi-stakeholder consultation process (including Ministry of Agriculture, Ministry of Health, Ministry of Finance and other relevant governmental sectors, civil society, academia, etc.), a functional governance and coordination mechanism for improving nutrition (see Box 1 for criteria)
- ✓ *Example of SMART commitment for Recommendation 3:*
 - By December 2018, the Government has established, through a multi-stakeholder consultation process (including Ministry of Agriculture, Ministry of Health, Ministry of Finance and other relevant governmental sectors, civil society, academia, etc.), a functional governance and coordination mechanism that monitors and evaluates implementation of policies, strategies, programmes and other investments in nutrition.
 - By December 2018, the Government has established procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders.
- ✓ *Example of SMART commitment for Recommendation 6:*
 - By December 2020, the Government commits to have mobilized political, institutional and technical support to promote South-South and triangular (North-South-South) cooperation to improve nutrition.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Is there a multisectoral and multi-stakeholder national coordination body for promoting food security and nutrition which meets regularly?
- Is the private sector and/or civil society involved in a 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 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 the country engaged in a South-South/North-South and/or triangular cooperation process?
- Are there any guidelines/standards/agreements in favor of a South-South/North-South and/or triangular cooperation process?

4. References to strategic and policy guidance

- Scaling up for Nutrition.2014. Effectively Engaging Multiple Stakeholders. Available from: <http://scalingupnutrition.org/wp-content/uploads/2014/03/Sun-in-Practice-issue-1.pdf>.
- Scaling up for Nutrition (SUN). Social Mobilisation, Advocacy and Communication for Nutrition. 2014. Available from: http://scalingupnutrition.org/wp-content/uploads/2014/09/Green_External_InPractice_no03_ENG_20140904_web_pages.pdf.
- Global Social Observatory (GSO). 2014. Engaging in the SUN Movement: Preventing and Managing Conflicts of Interests. Available from: <http://scalingupnutrition.org/wp-content/uploads/2014/05/Reference-Note-and-Toolkit-English.pdf>.
- WHO GINA. Global Database on the Implementation of Nutrition Action. Available here: <http://www.who.int/nutrition/gina/en/>
- WHO Nutrition Landscape Analysis Available here: http://www.who.int/nutrition/landscape_analysis/en/
- WHO. 2016. Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level. Available from: <http://www.who.int/nutrition/publications/COI-report/en/>
- WHO.2016. Accelerating Nutrition Improvements: Best practices in scaling up nutrition actions. Examples from Ethiopia, Uganda and the United Republic of Tanzania. Geneva: World Health Organization; Licence: CC BY-NC-SA 3.0 IGO
- UN Network for SUN, REACH. 2016. Compendium of Actions for Nutrition. Available here: <http://www.reachpartnership.org/documents/312104/fa572e1e-b8a9-48bf-89c0-cd3afb203c60>
- UNSCN. 2016 UN Global Nutrition Agenda. Available from: http://unscn.org/files/Activities/SUN/UN_Global_Nutrition_Agenda_final.pdf
- UNSCN. 2016 UNSCN Strategic Plan 2016-2020. Available from: <https://www.unscn.org/en/about/strategy-objectives>

23. 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 the work of other sectors in reducing all forms of malnutrition rather than undermine them. There is a growing need for policy coherence to ensure that actions aiming at sectoral goals and by different stakeholders address the immediate, underlying and basic causes of all forms of malnutrition are well coordinated, leading 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 nutrition outcomes.

1. 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, forestry, fisheries and 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 must take into account the contribution of these different sectors to ensure purposeful action across sectors for greater nutrition impact. In other words, to ensure their activities become more nutrition sensitive and coherent with policies and legal frameworks to contribute to improve nutrition and protect and promote healthy diets.

Key Recommendations for improving nutrition through agricultural programmes and investments:

1. Incorporate explicit nutrition objectives and indicators into the design of programmes and investments;
2. Assess the context at the local level, to design appropriate activities to address the types and causes of malnutrition;
3. Target the vulnerable and improve equity;
4. Collaborate and coordinate with other sectors;
5. Maintain or improve the natural resource base;
6. Empower women;
7. Facilitate production diversification, and increase production of nutrient-dense crops, small-scale livestock and sustainable fisheries;
8. Improve processing, storage and preservation;
9. Expand markets and market access to vulnerable groups, particularly for marketing nutritious foods;
10. Incorporate nutrition promotion and education.

(Source: FAO. 2015. Key recommendations for improving Nutrition through Agriculture and Food Systems)

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, and further, they may include strategies that are counterproductive to the promotion of healthy diets. Ensuring food and agriculture policies don't have a negative impact on nutrition and having explicit nutrition objectives with measurable outcomes and targets at different levels in food and agriculture policies and programmes will facilitate production diversification, increased production of nutrient-dense crops (e.g. fruits, vegetables, legumes, nuts) and promotion of small-scale livestock and fisheries, including support of non-timber forest products, all of which are essential in improving diets. Box 1 presents key recommendations for making agricultural programmes more nutrition sensitive.

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART commitments for Recommendation 2:
 - By December 2018, the Government has developed a multisectoral National Nutrition Plan, which includes SMART national targets for progressing on global nutrition and diet-related NCD targets, a costed implementation plan with clear responsibilities allocated, and an M&E plan for measuring progress towards these targets.
 - By December 2025, the Ministry of Health and the Ministry of Agriculture commit, through a multi-stakeholder consultation process, that all new and revised national health, food or agriculture related policies, legal frameworks and investment plans promote and support nutrition and healthy diets.
- ✓ Examples of SMART commitments for Recommendation 8:
 - By December 2020, the Government has performed an nutrition impact assessment of its current food and agriculture policies and prepared a proposal for follow-up of its results and recommendations.
 - By December 2025, the Government has integrated country-relevant nutrition objectives in new food and agriculture policies.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Is a new national nutrition action plan and/or policy under development?
- Are the national policies that impact nutrition, e.g. a national health policy, development policy, NCD policy or agriculture policy, in line with the existing national nutrition policy and action plan?
- Do food and agriculture national policies and investments include nutrition objectives?
- Does a national policy mapping or monitoring mechanism exist to assess the integration of nutrition objectives into the various national policies, programmes and investments that may have an impact on nutrition?

4. References to strategic and policy guidance

- FAO. 2015. Designing nutrition-sensitive agriculture investments. Available from: <http://www.fao.org/3/a-i5107e.pdf>
- FAO. 2016. Compendium of indicators for nutrition-sensitive agriculture. <http://www.fao.org/3/a-i6275e.pdf>
- SUN Movement Common Results Framework (CRF) Planning Tool. <http://scalingupnutrition.org/news/new-tool-analysing-the-common-results-framework/>
- Legislative and Policy Databases: FAOLEX (<http://faolex.fao.org/>);

- WHO GINA (www.extranet.who.int/nutrition/gina/);
- Country Planning Cycle Database A World Health Organization Resource <http://www.nationalplanningcycles.org/>;
- WHO Global Nutrition Policy Review 2013
- UN OneHealth Tool

DRAFT

24. 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, where and why people are deprived. Such understanding requires the availability of reliable data, statistics and information, adequate capacity to analyze and interpret the available 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 allows for feeding back lessons learned into the policy process. Background

1. Rational

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 and to inform the allocation of resources. A range of data (e.g. nutritional status, individual or household food consumption data; food production, supply and trade data; food price data, food environment data, underlying causes of the nutrition situation in a country, etc.) are needed, among others, to be able to analyze determinants, target vulnerable groups, prioritize effective interventions and allocation of resources, map stakeholders and coverage of services and programmes. A comprehensive multisectoral information system should enhance effectiveness, accountability and coordination of responses.

Decision-making on policy and programme design, legislation, channeling 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 (agriculture, health, education, forestry, fisheries, trade, economy, gender, etc.) generated by various stakeholders (government ministries, civil society organizations, private-sector organizations, academia, development agencies, etc.). The relevance of the information

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 well-analyzed, interpreted and presented according to the needs of a variety of decision-makers.
- Ensure that the information is transferred in a timely, reliable and user-friendly manner for policy formulation and investment decisions aimed at hunger eradication 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

(Source: FAO. 2015. Information System for Food Security and Nutrition)

from multiple systems to inform decision making depends on a number of factors, including how well they 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 to facilitate the exchange of information from multiple sources in order to inform multisectoral responses.

In 2012, the Sixty-fifth World Health Assembly (WHA), in resolution WHA65.6, endorsed the comprehensive implementation plan on maternal, infant and young child nutrition, which included six global targets to be achieved by 2025 and five corresponding actions. Action 5 calls for the development of a well-defined monitoring framework to provide accountability for actions implemented. Since then work has continued on creating a global monitoring framework for maternal, infant and young child nutrition, whose purpose is to facilitate a harmonized and internationally accepted approach to monitoring progress towards nutrition targets at both the national and global levels. In 2015, Member States at the WHA adopted the Global Nutrition Monitoring Framework and committed to commence reporting in 2016.

Many lessons can be learned from the experiences of countries where high quality information systems with a standardized set of indicators have been developed, however, there is no single formula for strengthening multisectoral information systems. Each country should have an information system responding to the local needs and adapted to the local context with an adequate level of granularity, which is linked to available resources.

2. Examples of SMART commitments for action at country level

- ✓ Examples of SMART commitments for Recommendation 5:
 - By December 2018, the Government has in place a well-functioning multisectoral government information system to regularly (e.g. monthly, quarterly) monitor the implementation of food security and nutrition policies/strategies and national nutrition programmes that have 2018 and beyond in their time frame.
 - By December 2017, the Government has adopted a national Nutrition monitoring framework based on the Global Nutrition Monitoring Framework and has commenced biannual reporting to the WHA.
 - By 2019, the Government has collected and reported on all the indicators of the Global Nutrition Monitoring Framework.
 - From 2015 to 2020, at least one national multisectoral survey has been conducted to assess the country's food security and nutrition situation with data representative at the district level.
 - By 2020, a national data system has been established to monitor aspects of the food environment in support of healthy diets, including the sales of foods high in fats, sugars and salt and school food and nutrition standards.

3. Suggested questions for understanding where the country stands vis-à-vis these recommendations

- Is there an information system related to food and nutrition that provides the information that enables food system and nutrition policy-making?
- Is there an agency/government institution with resources and authority that can bring together sectoral information systems?
- How is this information system being enhanced for improved policy development and accountability?

4. References to strategic and policy guidance

- FAO. 2015. Information Systems for food security and nutrition. Available from: www.fao.org/3/a-au836e.pdf
- WHO. 2012. WHA Resolution WHA65.6 Comprehensive implementation plan on maternal, infant and young child nutrition http://apps.who.int/gb/ebwha/pdf_files/WHA65-REC1/A65_REC1-en.pdf#page=25
- WHO. 2014. EB136/9 Maternal, infant and young child nutrition: development of the core set of indicators
- WHO. 2014 Decision WHA67(9) Maternal, infant and young child nutrition http://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-en.pdf#page=81
- WHO. 2015. 2015 Global Reference List of 100 Core Health Indicators <http://www.who.int/healthinfo/indicators/2015/en/>
- WHO. 2015. WHA A68/9 Maternal, infant and young child nutrition: development of the core set of indicators. Report by the Secretariat. http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_9-en.pdf
- WHO. 2015. WHA Decision WHA68(14) Maternal, infant and young child nutrition: development of the core set of indicators
- WHO. Nutrition Landscape Information System (NLIS). <http://www.who.int/nutrition/nlis/en/>
- FAO/WFP/IFPRI. Food Security Information Network. <http://www.fsincop.net/>

Annex 1: Recommendations from the ICN2 Framework for Action on Nutrition

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 diseases⁹.
- 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 sanitation¹¹ 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.

= = =

Annex 2: Further examples of SMART commitments and guiding questions for Guidance sheet on Food Safety

Recommendation 53:

- By December 2025, the government has put in place a risk-based programme for control measures to ensure safety of prioritized foods
- By December 2025, the government uses the WHO surveillance and response manual to develop and implement a work plan that enables the country to develop a surveillance and response system for FBD that meets the following criteria:
 - a) A surveillance system that includes laboratory analysis, to allow better understanding of trends in foodborne diseases and to increase the sensitivity and specificity of outbreak detection.
 - b) A fully functional notifiable disease surveillance system that can successfully monitor trends and detect outbreaks of foodborne diseases.
 - c) A fully functional event-based surveillance system capable of detecting foodborne events with rapid risk assessments being routinely carried out at the subnational level.
 - d) Subnational intersectoral response capacity that routinely carries out analytical epidemiological studies during foodborne disease outbreak investigations.
 - e) Ad hoc research studies are conducted to gain a better understanding of foodborne diseases, their burden and their sources.
 - f) Multisectoral collaboration that facilitates the sharing of data for risk profiling.
 - g) Routine monitoring and evaluation of the surveillance and response system for foodborne diseases that is used to direct changes to the system.

Recommendation 54

- By December 2025, the Government prioritises at least three Codex committees or tasks forces dealing with nutrition or food safety subjects (including the Codex Committee on Nutrition and Foods for Special Dietary Use) most relevant to the national context for monitoring ongoing work and participation by correspondence using the on-line commenting system
- By December 2018, the government, if a donor country, has made a multi-year financial commitment to the FAO/WHO Codex Trust Fund to support countries eligible for the Codex Trust fund to strengthen their national Codex capacities.
- By December 2025, the government, if eligible for the Codex Trust Fund, has submitted an application for support to the Codex Trust Fund to strengthening the country's engagement with Codex.
- By December 2025, the government has dedicated resources that allow detailed preparation, active engagement and sustained participation in prioritized codex committees.

Recommendation 55

- By December 2017, the government has registered an emergency contact point and other relevant authorities have nominated a national representative to take actively part in the International Food Safety Authorities Network (INFOSAN) and regularly participate in information sharing activities or simulation exercises as part of the Government's preparedness
- By December 2019, the government has nominated a national focal point each from all relevant ministries/agencies dealing with food safety/food fraud and regularly facilitates communication on national food safety issues.
- By December 2017, the government establishes close coordination mechanisms between the INFOSAN emergency contact point and the government's focal point for communicating with WHO under the 2005 International Health Regulations (IHR, 2005).

Key guiding questions (continued)

- What foodborne diseases are reportable according to the law?

- Does the country have a sufficient number of food safety officials who have access to continuous training?
- Does the country have food laboratories properly equipped with trained technicians to conduct regular monitoring as well as address food emergencies?
- Did the country participate in the latest sessions of the Codex Alimentarius Commission and of the FAO/WHO Coordinating Committee of the region concerned?
- Has the country benefited from or contributed to the FAO/WHO Codex Trust Fund?
- Does the country have mechanisms established to manage food safety emergencies (e.g. Food Safety Emergency Response Plans, Standard Operating Procedures)?
- Has the country organised or participated in a simulation exercise on a food safety emergency?
- Is the national food safety authority involved in a multisectoral (One Health) effort to address antimicrobial resistance?

DRAFT