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**SECOND INTERNATIONAL CONFERENCE ON NUTRITION**

Food and Agriculture  
Organization of the  
United Nations



World Health  
Organization

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<b>Second International Conference on Nutrition</b>
<b>Rome, 19-21 November 2014</b>
<b>Co-Chairs' Cover Note of the Conference Outcome Documents</b>

1. Having completed negotiation of the Rome Declaration on Nutrition, the Open-ended Working Group (OEWG) agreed to transmit the final text, attached as Appendix I, to the Second International Conference on Nutrition (ICN2) for adoption.
2. The OEWG also agreed to transmit to ICN2 the Framework for Action, attached as Appendix II, providing a set of voluntary policy options and strategies for use by governments as appropriate.

<p style="text-align: center;"><b>Proposed Decision by ICN2</b></p> <p>The Second International Conference on Nutrition (ICN2) <u>adopts</u> the Rome Declaration on Nutrition, as well as the Framework for Action which provides a set of voluntary policy options and strategies for use by governments as appropriate. Both documents are attached as Annexes I and II to the ICN2 Report.</p>
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## **Rome Declaration on Nutrition**

**(AGREED)**

*Welcoming the participation of Heads of State and Government and other high-level guests,*

1. We, Ministers and Representatives of the Members of the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO), assembled at the Second International Conference on Nutrition in Rome from 19 to 21 November 2014, jointly organized by FAO and WHO, to address the multiple challenges of malnutrition in all its forms and identify opportunities for tackling them in the next decades.

2. Reaffirming the commitments made at the first International Conference on Nutrition in 1992, and the World Food Summits in 1996 and 2002 and the World Summit on Food Security in 2009, as well as in relevant international targets and action plans, including the WHO 2025 Global Nutrition Targets and the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.

3. Reaffirming the right of everyone to have access to safe, sufficient, and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger consistent with the International Covenant on Economic, Social and Cultural Rights and other relevant United Nations instruments.

### ***Multiple challenges of malnutrition to inclusive and sustainable development and to health***

4. Acknowledge that malnutrition, in all its forms, including undernutrition, micronutrient deficiencies, overweight and obesity, not only affects people's health and wellbeing by impacting negatively on human physical and cognitive development, compromising the immune system, increasing susceptibility to communicable and noncommunicable diseases, restricting the attainment of human potential and reducing productivity, but also poses a high burden in the form of negative social and economic consequences to individuals, families, communities and States.

5. Recognize that the root causes of and factors leading to malnutrition are complex and multidimensional:

- a) poverty, underdevelopment and low socio-economic status are major contributors to malnutrition in both rural and urban areas;
- b) the lack of access at all times to sufficient food, which is adequate both in quantity and quality which conforms with the beliefs, culture, traditions, dietary habits and preferences of individuals in accordance with national and international laws and obligations;
- c) malnutrition is often aggravated by poor infant and young child feeding and care practices, poor sanitation and hygiene, lack of access to education, quality health systems and safe drinking water, foodborne infections and parasitic infestations, ingestion of harmful levels of contaminants due to unsafe food from production to consumption;
- d) epidemics, such as of the Ebola virus disease, pose tremendous challenges to food security and nutrition.

6. Acknowledge that different forms of malnutrition co-exist within most countries; while dietary risk affects all socio-economic groups, large inequalities exist in nutritional status, exposure to risk and adequacy of dietary energy and nutrient intake, between and within countries.
7. Recognize that some socioeconomic and environmental changes can have an impact on dietary and physical activity patterns, leading to higher susceptibility to obesity and noncommunicable diseases through increasing sedentary lifestyles and consumption of food that is high in fat, especially saturated and trans-fats, sugars, and salt/sodium.
8. Recognize the need to address the impacts of climate change and other environmental factors on food security and nutrition, in particular on the quantity, quality and diversity of food produced, taking appropriate action to tackle negative effects.
9. Recognize that conflict and post conflict situations, humanitarian emergencies and protracted crises, including, *inter alia*, droughts, floods and desertification as well as pandemics, hinder food security and nutrition.
10. Acknowledge that current food systems are being increasingly challenged to provide adequate, safe, diversified and nutrient rich food for all that contribute to healthy diets due to, *inter alia*, constraints posed by resource scarcity and environmental degradation, as well as by unsustainable production and consumption patterns, food losses and waste, and unbalanced distribution.
11. Acknowledge that trade is a key element in achieving food security and nutrition and that trade policies are to be conducive to fostering food security and nutrition for all, through a fair and market-oriented world trade system, and reaffirm the need to refrain from unilateral measures not in accordance with international law, including the Charter of the United Nations, and which endanger food security and nutrition, as stated in the 1996 Rome Declaration.
12. Note with profound concern that, notwithstanding significant achievements in many countries, recent decades have seen modest and uneven progress in reducing malnutrition and estimated figures show that:
  - a) the prevalence of undernourishment has moderately declined, but absolute numbers remain unacceptably high with an estimated 805 million people suffering chronically from hunger in 2012-2014;
  - b) chronic malnutrition as measured by stunting has declined, but in 2013 still affected 161 million children under five years of age, while acute malnutrition (wasting) affected 51 million children under five years of age;
  - c) undernutrition was the main underlying cause of death in children under five, causing 45% of all child deaths in the world in 2013;
  - d) over two billion people suffer from micronutrient deficiencies, in particular vitamin A, iodine, iron and zinc, among others;
  - e) overweight and obesity among both children and adults have been increasing rapidly in all regions, with 42 million children under five years of age affected by overweight in 2013 and over 500 million adults affected by obesity in 2010;
  - f) dietary risk factors, together with inadequate physical activity, account for almost 10% of the global burden of disease and disability.

### *A common vision for global action to end all forms of malnutrition*

13. We reaffirm that:

- a) the elimination of malnutrition in all its forms is an imperative for health, ethical, political, social and economic reasons, paying particular attention to the special needs of children, women, the elderly, persons with disabilities, other vulnerable groups as well as people in humanitarian emergencies;
- b) nutrition policies should promote a diversified, balanced and healthy diet at all stages of life. In particular, special attention should be given to the first 1,000 days, from the start of pregnancy to two years of age, pregnant and lactating women, women of reproductive age, and adolescent girls, by promoting and supporting adequate care and feeding practices, including exclusive breast feeding during the first six months, and continued breastfeeding until two years of age and beyond with appropriate complementary feeding. Healthy diets should be fostered in preschools, schools, public institutions, at the workplace and at home, as well as healthy eating by families;
- c) coordinated action among different actors, across all relevant sectors at international, regional, national and community levels, needs to be supported through cross-cutting and coherent policies, programmes and initiatives, including social protection, to address the multiple burdens of malnutrition and to promote sustainable food systems;
- d) food should not be used as an instrument for political or economic pressure;
- e) excessive volatility of prices of food and agricultural commodities can negatively impact food security and nutrition, and needs to be better monitored and addressed for the challenges it poses;
- f) improvements in diet and nutrition require relevant legislative frameworks for food safety and quality, including for the proper use of agrochemicals, by promoting participation in the activities of the Codex Alimentarius Commission for the development of international standards for food safety and quality, as well as for improving information for consumers, while avoiding inappropriate marketing and publicity of foods and non-alcoholic beverages to children, as recommended by resolution WHA63.14;
- g) nutrition data and indicators, as well as the capacity of, and support to all countries, especially developing countries, for data collection and analysis, need to be improved in order to contribute to more effective nutrition surveillance, policy making and accountability;
- h) empowerment of consumers is necessary through improved and evidence-based health and nutrition information and education to make informed choices regarding consumption of food products for healthy dietary practices;
- i) national health systems should integrate nutrition while providing access for all to integrated health services through a continuum of care approach, including health promotion and disease prevention, treatment and rehabilitation, and contribute to reducing inequalities through addressing specific nutrition-related needs and vulnerabilities of different population groups;
- j) nutrition and other related policies should pay special attention to women and empower women and girls, thereby contributing to women's full and equal access to social protection and resources, including, *inter alia*, income, land, water, finance, education, training, science and technology, and health services, thus promoting food security and health.

14. We recognize that:

- a) international cooperation and Official Development Assistance for nutrition should support and complement national nutrition strategies, policies and programmes, and surveillance initiatives, as appropriate;
- b) the progressive realization of the right to adequate food in the context of national food security is fostered through sustainable, equitable, accessible in all cases, and resilient and diverse food systems;
- c) collective action is instrumental to improve nutrition, requiring collaboration between governments, the private sector, civil society and communities;
- d) non-discriminatory and secure access and utilization of resources in accordance with international law are important for food security and nutrition;
- e) food and agriculture systems, including crops, livestock, forestry, fisheries and aquaculture, need to be addressed comprehensively through coordinated public policies, taking into account the resources, investment, environment, people, institutions and processes with which food is produced, processed, stored, distributed, prepared and consumed;
- f) family farmers and small holders, notably women farmers, play an important role in reducing malnutrition and should be supported by integrated and multisectoral public policies, as appropriate, that raise their productive capacity and incomes and strengthen their resilience;
- g) wars, occupations, terrorism, civil disturbances and natural disasters, disease outbreaks and epidemics, as well as human rights violations and inappropriate socio-economic policies, have resulted in tens of millions of refugees, displaced persons, war affected non-combatant civilian populations and migrants, who are among the most nutritionally vulnerable groups. Resources for rehabilitating and caring for these groups are often extremely inadequate and nutritional deficiencies are common. All responsible parties should cooperate to ensure the safe and timely passage and distribution of food and medical supplies to those in need, which conforms with the beliefs, culture, traditions, dietary habits and preferences of individuals, in accordance with national legislation and international law and obligations and the Charter of the United Nations;
- h) responsible investment in agriculture<sup>1</sup>, including small holders and family farming and in food systems, is essential for overcoming malnutrition;
- i) governments should protect consumers, especially children, from inappropriate marketing and publicity of food;
- j) nutrition improvement requires healthy, balanced, diversified diets, including traditional diets where appropriate, meeting nutrient requirements of all age groups, and all groups with special nutrition needs, while avoiding the excessive intake of saturated fat, sugars and salt/sodium, and virtually eliminating trans-fat, among others;
- k) food systems should provide year-round access to foods that cover people's nutrient needs and promote healthy dietary practices;
- l) food systems need to contribute to preventing and addressing infectious diseases, including zoonotic diseases, and tackling antimicrobial resistance;

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<sup>1</sup> The term agriculture includes crops, livestock, forestry and fisheries.

- m) food systems, including all components of production, processing and distribution should be sustainable, resilient and efficient in providing more diverse foods in an equitable manner, with due attention to assessing environmental and health impacts;
- n) food losses and waste throughout the food chain should be reduced in order to contribute to food security, nutrition, and sustainable development;
- o) the United Nations system, including the Committee on World Food Security, and international and regional financial institutions should work more effectively together in order to support national and regional efforts, as appropriate, and enhance international cooperation and development assistance to accelerate progress in addressing malnutrition;
- p) EXPO MILANO 2015, dedicated to “feeding the planet, energy for life”, among other relevant events and fora, will provide an opportunity to stress the importance of food security and nutrition, raise public awareness, foster debate, and give visibility to the ICN2 outcomes.

### ***Commitment to action***

15. We commit to:

- a) eradicate hunger and prevent all forms of malnutrition worldwide, particularly undernourishment, stunting, wasting, underweight and overweight in children under five years of age; and anaemia in women and children among other micronutrient deficiencies; as well as reverse the rising trends in overweight and obesity and reduce the burden of diet-related noncommunicable diseases in all age groups;
- b) increase investments for effective interventions and actions to improve people’s diets and nutrition, including in emergency situations;
- c) enhance sustainable food systems by developing coherent public policies from production to consumption and across relevant sectors to provide year-round access to food that meets people’s nutrition needs and promote safe and diversified healthy diets;
- d) raise the profile of nutrition within relevant national strategies, policies, actions plans and programmes, and align national resources accordingly;
- e) improve nutrition by strengthening human and institutional capacities to address all forms of malnutrition through, *inter alia*, relevant scientific and socio-economic research and development, innovation and transfer of appropriate technologies on mutually agreed terms and conditions;
- f) strengthen and facilitate contributions and action by all stakeholders to improve nutrition and promote collaboration within and across countries, including North-South cooperation, as well as South-South and triangular cooperation;
- g) develop policies, programmes and initiatives for ensuring healthy diets throughout the life course, starting from the early stages of life to adulthood, including of people with special nutritional needs, before and during pregnancy, in particular during the first 1,000 days, promoting, protecting and supporting exclusive breastfeeding during the first six months and continued breastfeeding until two years of age and beyond with appropriate complementary feeding, healthy eating by families, and at school during childhood, as well as other specialized feeding;
- h) empower people and create an enabling environment for making informed choices about food products for healthy dietary practices and appropriate infant and young child feeding practices through improved health and nutrition information and education;

- i) implement the commitments of this Declaration through the Framework for Action which will also contribute to ensuring accountability and monitoring progress in global nutrition targets;
- j) give due consideration to integrating the vision and commitments of this Declaration into the post-2015 development agenda process including a possible related global goal.

16. We call on FAO and WHO, in collaboration with other United Nations agencies, funds and programmes, as well as other international organizations, to support national governments, upon request, in developing, strengthening and implementing their policies, programmes and plans to address the multiple challenges of malnutrition.

17. We recommend to the United Nations General Assembly to endorse the Rome Declaration on Nutrition, as well as the Framework for Action which provides a set of voluntary policy options and strategies for use by governments, as appropriate, and to consider declaring a Decade of Action on Nutrition from 2016 to 2025 within existing structures and available resources.

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## **Framework for Action**

**(AGREED)**

### **FROM COMMITMENTS TO ACTION**

#### **Background**

1. There has been a significant improvement in reducing hunger and malnutrition of the world's population since the 1992 International Conference on Nutrition (ICN). Yet, progress in reducing hunger and undernutrition has been uneven and unacceptably slow. The fundamental challenge today is to sustainably improve nutrition through implementation of coherent policies and better coordinated actions across all relevant sectors.

#### **Purpose and targets**

2. The nature of this Framework for Action is voluntary. Its purpose is to guide the implementation of the commitments of the Rome Declaration on Nutrition adopted by the Second International Conference on Nutrition held in Rome, Italy, on 19-21 November 2014. Building on existing commitments, goals and targets, this Framework for Action provides a set of policy options and strategies which governments<sup>1</sup>, acting in cooperation with other stakeholders, may incorporate, as appropriate, into their national nutrition, health, agriculture<sup>2</sup>, development and investment plans, and consider in negotiating international agreements to achieve better nutrition for all.

3. As governments have primary responsibility for taking action at country level, in dialogue with a wide range of stakeholders, including affected communities, the recommendations are principally addressed to government leaders. They will consider the appropriateness of the recommended policies and actions in relation to national needs and conditions, as well as regional and national priorities, including in legal frameworks. For the purpose of accountability, this Framework for Action adopts existing global targets for improving maternal, infant and young child nutrition<sup>3</sup> and for noncommunicable disease risk factor reduction<sup>4</sup> to be achieved by 2025.

#### **Recommended set of policy and programme options**

4. The following set of policy and programme options are recommended to create an enabling environment and to improve nutrition in all sectors.

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<sup>1</sup> The term 'governments' is understood to include the European Union and other regional organizations on matters of their competency.

<sup>2</sup> In this document, the term 'agriculture' comprises crops, livestock, forestry and fisheries.

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

<sup>4</sup> Namely: (1) to reduce salt intake by 30%; and (2) to halt the increase in obesity prevalence in adolescents and adults.

### ***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<sup>5</sup> 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.

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<sup>5</sup> Smallholder farmers include agriculture and food workers, artisanal fisherfolk, pastoralists, indigenous peoples and the landless (Committee on World Food Security, Global Strategic Framework for Food Security and Nutrition, 2013).

- 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<sup>6</sup>.

***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.

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<sup>6</sup> United Nations General Assembly resolution A/RES/68/177, paragraph 25.

- 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<sup>7</sup>, 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<sup>8</sup>.
- 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.

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<sup>7</sup> In accordance with preambular paragraph 9 of resolution WHA67.14, universal health coverage implies that all people have access without discrimination to nationally determined sets of the needed promotive, preventive, curative, palliative and rehabilitative essential 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.

<sup>8</sup> As specified in the International Labour Organization's Maternity Protection Convention No. 183 and corresponding Recommendation 191.

### ***Recommended actions to address stunting***

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

### ***Recommended actions to address childhood overweight and obesity***

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

### ***Recommended actions to address anaemia in women of reproductive age***

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

### ***Recommended actions in the health services to improve nutrition***

- Recommendation 44: Implement policies and programmes to ensure universal access to and use of insecticide-treated nets, and to provide preventive malaria treatment for pregnant women in areas with moderate to high malaria transmission.
- Recommendation 45: Provide periodic deworming for all school-age children in endemic areas.
- Recommendation 46: Implement policies and programmes to improve health service capacity to prevent and treat infectious diseases<sup>9</sup>.
- 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.

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<sup>9</sup> Including prevention of mother-to-child transmission of HIV, immunization against measles and antibiotic treatment for girls with urinary infections.

- 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.<sup>10</sup>
- 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<sup>11</sup> 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<sup>12</sup>.
- 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)<sup>13</sup>. Monitoring should be conducted, to the fullest possible extent, through existing mechanisms.

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<sup>10</sup> Including by reducing water wastage in irrigation, strategies for multiple use of water (including wastewater), and better use of appropriate technology.

<sup>11</sup> Including by implementing effective risk assessment and management practices on safe wastewater use and sanitation.

<sup>12</sup> FAO/WHO International Network of Food Safety Authorities ([http://www.who.int/foodsafety/areas\\_work/infosan/en/](http://www.who.int/foodsafety/areas_work/infosan/en/)).

<sup>13</sup> Monitoring frameworks may be developed based on the Global Monitoring Framework for Maternal, Infant and Young Child Nutrition, the Monitoring Framework for the Global Action Plan on Noncommunicable Diseases, as well as indicators

- 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.

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