

Second International Conference on Nutrition (ICN2)
Framework for Action: Third Draft
6 October 2014

1. FROM COMMITMENTS TO ACTION

1.1 Background

- §1 There has been a significant improvement in overall nutritional status of the world's population since the 1992 International Conference on Nutrition (ICN). Today, more people than ever before are able to meet their nutritional needs. Yet, progress in reducing hunger and undernutrition has been uneven and unacceptably slow. The prevalence of those suffering undernourishment has declined, but still remains unacceptably high, with over 800 million people suffering from chronic hunger, mainly in South Asia and sub-Saharan Africa.
- §2 Chronic malnutrition (stunting) still affects 162 million children under 5 years of age, while acute malnutrition (wasting) affects 51 million children under 5 years of age. In addition, over two billion people suffer from one or more micronutrient deficiency.
- §3 However, alongside the problems of undernourishment and micronutrient deficiencies, today most countries in the world are facing increasing problems of overweight and obesity, often starting during childhood, creating a “double burden” of nutrition-related ill-health. Over half a billion adults are obese while the incidence of diet-related noncommunicable diseases (NCDs) is increasing globally.
- §4 Following the 1992 ICN, many countries developed and implemented national nutrition strategies and action plans, reflecting their own priorities and strategies for alleviating hunger and malnutrition in all its forms. However, implementation and progress have been patchy and often unsatisfactory due to inadequate commitment and leadership, financial constraints, weak human and institutional capacities and lack of appropriate accountability mechanisms.
- §5 Meanwhile, the food system has continued to evolve with a greater proportion of food now processed and traded internationally. The availability of foods with high energy, fats, sugars and salt has increased. The fundamental challenge today is to sustainably improve nutrition through implementation of coherent policies and better coordinated actions across all relevant sectors.

1.2. Purpose and targets

- §6 The purpose of this Framework for Action (FFA) is to guide implementation of the commitments of the Political 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 FFA provides a set of policy options and strategies which governments,ⁱ acting in cooperation with other stakeholders, may incorporate, as appropriate, into their national nutrition, health, agriculture, development and investment plans, and consider in negotiating international agreements.

§7 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 FFA adopts existing global targets for improving maternal, infant and young child nutritionⁱⁱ and for NCD risk factor reductionⁱⁱⁱ to be achieved by 2025.

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

§8 Fulfilling the right to food and fighting malnutrition in all its forms requires a sustained enabling policy environment and improved governance of food, health and related systems. Key requirements are:

- political commitment and leadership to prioritize nutrition-enhancing approaches and strong national nutrition governance;
- adoption of effective and coherent policies, strategies and programmes, and effective multisectoral cooperation, to address the structural determinants and causes of malnutrition, and its effects;
- increased and better aligned public and private investments in support of established nutrition goals;
- enhanced and sustained human and institutional capacities for effective action, including policy and programme design, management, monitoring and evaluation of nutrition outcomes and investments;
- allocation of national and international resources, taking into account economic capacities of each country, to ensure healthy diets for all, with special focus on the most nutritionally vulnerable life stages;
- engagement of trusted and trusting partners ready to align interests, and to create and sustain inclusive interaction;
- regular and systematic public assessments of progress to enhance mutual accountability and effectiveness, and to improve resource use;
- international support for national nutrition governance and agreed international norms on nutrition enhancing approaches.

Recommended actions to create an enabling environment for effective action

1. Enhance political commitment and social participation for improving nutrition at the country level through political dialogue and advocacy. (R1)
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. (R2)
3. Strengthen and establish, as appropriate, national cross-government, inter-sector, multi-stakeholder governance mechanisms for food security and nutrition to oversee implementation of policies, strategies, programmes and other investments in nutrition. Such platforms may be needed at various levels, with robust safeguards against abuse and conflicts of interest. (R3)
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. (R4)
5. Improve the availability, quality, quantity, coverage and management of multisectoral information systems related to food and nutrition for improved policy development and accountability. (R5)
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. (R6)
7. Strengthen nutrition governance and coordinate policies, strategies and programmes of UN system agencies, programmes and funds within their respective mandates. (R7)

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

§9 Addressing malnutrition in all its forms is strengthened by a common vision and a multisectoral approach that includes coordinated, coherent, equitable and complementary interventions in food and agriculture systems, health, social protection, education and trade among others, and by addressing not only extreme forms of malnutrition, but also the double burden of malnutrition efficiently and innovatively. Adoption of options will vary among countries, in line with national needs and priorities, challenges and plans addressing different needs across population groups, especially of women and children.

3.1. Sustainable food systems promoting healthy diets

- §10 The type of foods produced and how they are processed, traded, retailed and marketed through the supply chain influence the collective surroundings, opportunities and conditions that influence people's food and beverage choices and ultimately, nutritional status. Information and education concerning dietary food choices are vital, but consumers must also be empowered through enabling food environments. Food environments that provide safe, diverse and healthy diets are particularly important for vulnerable groups, who are more constrained by lack of resources.
- §11 A food system approach – from production to processing, storage, transportation, marketing, retailing and consumption – is thus key to improving diet and nutrition as isolated interventions have limited impact.
- §12 Since food systems have become increasingly complex and strongly influence consumers' ability to consume healthy diets, innovative food system solutions are needed to ensure access to sustainable, balanced and healthy diets for all. These solutions should include availability, accessibility and affordability of a variety of cereals, legumes, vegetables, fruits, aquatic and terrestrial source foods, containing adequate macronutrients (carbohydrates, fats and protein), fibre and essential micronutrients (vitamins and minerals) in line with FAO and WHO recommendations, produced and consumed sustainably^{iv}.
- §13 Globally, the food system contains a diverse mix of traditional and modern supply chains. Both offer risks and opportunities for nutrition. Investing in rural populations is vital for equitable human development. This implies rural economic development with better access to transport, modern energy and information. Subsistence and family farmers, most of whom are women, and who often lack access to critical inputs and markets, can be more effectively engaged to meet local nutrition needs, while commercial producers are critical to stabilizing global supply and prices, and to applying sustainable practices at scale.
- §14 Gender-sensitive interventions, including time-saving agriculture and food technology practices that raise women's incomes, greatly influence household food expenditures and consumption. It is also important to increase women's control over resources such as income, land, agricultural inputs and technology.
- §15 Natural and manmade disasters, emergencies, conflicts and shocks have increased in recent years, in both frequency and intensity. Resilience is necessary to prevent further deterioration of the nutritional status of crisis-affected populations, while nutrition is critical to strengthening both community and individual resilience. Resilience requires that preventive and curative interventions to address the underlying causes of malnutrition are implemented before, during and after crises.

§16 Climate change affects production and productivity, and this directly affects diets and nutrition, smallholder farmer incomes, as well as food price volatility. Consecutively, food systems themselves have a major impact on the environment, with certain food production systems contributing significantly to greenhouse gas emissions^v. Food loss and waste should be reduced to improve food system efficacy and sustainability. There is an urgent need, therefore, to develop more sustainable food systems by encouraging sustainable food production and consumption practices.

Recommended actions for sustainable food systems promoting healthy diets

1. Review national policies and investments and integrate nutrition objectives into food and agriculture policy, programme design and implementation, to ensure food security and enable healthy diets. (R8)
2. 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. (R9)
3. 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. (R10)
4. Improve storage, preservation, transport and distribution technologies and infrastructure to reduce seasonal food insecurity, food and nutrient loss and waste. (R11)
5. 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. (R12)
6. Develop, adopt and adapt, where appropriate, international guidelines on healthy diets. (R13)
7. Encourage gradual reduction of industrially-produced trans-fats, sugar, salt and saturated fatty acids from foods and beverages, and addition of essential nutrients to foods, as needed. (R14)
8. Explore regulatory and voluntary instruments – such as labelling policies, economic incentives or disincentives – to create a food environment conducive to healthy diets. (R15)

9. 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. (R16)

3.2. International trade and investment

- §17 Trade and investment have become increasingly important to food systems. Trade and investment agreements affect how the food system functions at global, regional, national and local levels, influencing food prices, availability, access and consumption as well as nutrition outcomes, food safety and dietary options.
- §18 Coherence between trade and nutrition policy is vital. Trade policy should support and provide adequate flexibility to implement effective nutrition policies and programmes. While trade has substantially increased food availability and sometimes access for people, trade policies and agreements should not negatively impact the right to food. Implementation of the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights should be supportive of food security and nutrition, and the obligation of Member States to promote, realize and protect the right to food.

Recommended actions in international trade and investment

1. Encourage governments, the World Trade Organization, UN agencies, programmes and funds, and other international organizations to identify opportunities to achieve global food and nutrition targets, through trade and investment policies. (R17)
2. Improve the availability, access and affordability of the food supply through appropriate trade agreements and endeavour to ensure that such agreements do not have a negative impact on the right to food in other countries^{vi}. (R18)

3.3 Nutrition education^{vii} and information

- §19 Knowledge and education empower people to make informed healthy dietary and lifestyle choices, to improve infant and young child feeding and care, and to improve hygiene and health promoting behaviour. Lifestyle and behaviour change is an important objective of nutrition education. It can also help reduce food waste and boost sustainable resource use. Governments, nongovernmental organizations (NGOs), the private sector and nutrition advocates should lead by example, and help promote desired healthy lifestyle changes, including through active and accessible quality health and agricultural services, food and nutrition knowledge and skills included in primary and secondary school curricula, social marketing campaigns, and regulations on nutrient and health claims.

Recommended actions for nutrition education and information

1. 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. (R19)
2. Build nutrition skills and capacity to undertake nutrition education activities, particularly for front line workers, social workers, agricultural extension personnel, teachers and health professionals. (R20)
3. 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, and adequate breastfeeding and complementary feeding, targeted and adapted for different audiences and stakeholders in the food system. (R21)

3.4 Social protection

- §20 In 2012, the UN General Assembly recommended comprehensive universal social protection beginning with basic or minimum ‘social protection floors’. Given the limited and uneven progress in reducing poverty, hunger, food insecurity and malnutrition, and the currently dim prospects for economic and employment growth in much of the world, comprehensive social protection is needed to eliminate poverty and malnutrition in all its forms.
- §21 Social protection measures such as food distribution, cash transfers and school feeding can increase incomes and strengthen resilience. Focusing on women typically increases household impacts. When combined with relevant health services, well-designed social protection programmes can increase dietary diversity, raise consumption of nutrient-dense foods and improve diets through better food access and utilization, thus resulting in improved nutritional status, especially in low-income households.
- §22 These measures can substantially enhance small producer resilience in times of crisis besides raising production and productivity, both on- and off-farm, taking into account local contexts and market capabilities.

Recommended actions on social protection

1. Incorporate nutrition objectives into social protection programmes and into humanitarian assistance safety net programmes. (R22)

2. 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 culturally acceptable and nutritionally adequate foods for healthy diets. (R23)

3.5 Strong and resilient health systems

§23 Effective delivery of direct nutrition interventions, as well as prevention and treatment of diseases which can aggravate nutrition problems requires stronger national health systems based on equity and the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health.

Recommended actions for strong and resilient health systems

1. Strengthen health systems and promote Universal Health Coverage (UHC), particularly through primary health care, to enable national health systems to address malnutrition in all its forms, in particular to address specific needs of vulnerable groups. (R24)
2. 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 ensuring the provision of essential medicines, information and monitoring. (R25)
3. Deliver and ensure universal access to all direct nutrition actions and relevant health actions impacting nutrition through health programmes. (R26)

3.5.1 Delivery of direct nutrition interventions^{viii}

§24 In developing policies and programmes to address nutrition challenges, special attention to the nutrition of mothers, infants and young children is imperative. Although different age-groups, as identified in the life cycle approach, need appropriate attention, ensuring appropriate nutrition during the first 1,000 days is critical, and has a lasting impact on the survival, health and development of the individual. Direct nutrition interventions need to be integrated and implemented together with nutrition-sensitive interventions.

Breastfeeding

§25 Breastfeeding is one of the most effective ways to improve child survival and to promote healthy child growth and development. Exclusive breastfeeding^{ix} in the first six months of life ensures adequate, affordable, acceptable, appropriate and readily available nutrition on a continuing basis. Breastfeeding contributes to

enjoyment of the highest attainable standard of health as recognized in the Convention on the Rights of the Child

Recommended actions to promote, protect and support breastfeeding

1. Implement the Global Strategy on Infant and Young Child Feeding and the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, with allocation of commensurate financing. (R27)
2. Adapt and implement the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA Resolutions, through national legislation. (R28)
3. Implement policies and practices, including labour reforms, as appropriate, to improve protection of working mothers^x. (R29)
4. Implement policies, programmes and actions to ensure that health services promote, protect and support breastfeeding, including the Baby-Friendly Hospital Initiative. (R30)
5. Create – through advocacy, education and capacity building – an enabling environment where men, particularly fathers, participate actively and share responsibilities with mothers in caring for their infants and young children while empowering women as mothers by providing support and information, and enhancing their health and nutritional status throughout the lifecourse. (R31)
6. Ensure that policies and practices in emergency situations and humanitarian crises promote, protect and support breastfeeding. (R32)

Wasting

§26 Severely wasted children are estimated to be, on average, 11 times more likely to die than their healthy counterparts¹. Both moderate and severe wasting can be addressed by the community-based management of malnutrition approach, comprising of treatment and community awareness raising to facilitate early detection and treatment. Globally, however, only around 14% of wasted children are currently being reached by treatment services.

Recommended actions to address wasting

1. Adopt policies and actions, and mobilize funding, to improve coverage of treatment for wasting, using the community-based management of acute malnutrition approach and improve the integrated management of childhood illnesses. (R33)

2. Integrate disaster and emergency preparedness into relevant policies and programmes. (R34)

Stunting

§27 Childhood stunting remains one of the world's most fundamental challenges for improved human development. Stunting results from a complex web of individual, household, environmental, socioeconomic, political and cultural influences.

Recommended actions to address stunting

1. Establish policies and strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls and continuing through pregnancy and lactation. (R35)
2. 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). (R36)

Childhood overweight and obesity

§28 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 disease. 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 obesity, NCDs, premature death and disability in adulthood. Actions to prevent and limit childhood overweight and obesity need to accompany actions to address undernutrition problems.

Recommended actions to address childhood overweight and obesity

1. Provide dietary counselling to women during pregnancy for healthy weight gain and adequate nutrition. (R37)
2. 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. (R38)
3. Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations. (R39)
4. Create a conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life. (R40)

Anaemia in women of reproductive age

§29 Iron deficiency anaemia, the most common and widespread nutritional disorder in the world, especially impairs the health and wellbeing of women. Anaemia increases the risk of maternal and neonatal adversities. Failure to improve anaemia consigns millions of women to impaired health and quality of life, generations of children to impaired development and learning, and communities and nations to impaired economic productivity.

Recommended actions to address anaemia in women of reproductive age

1. 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. (R41)
2. Provide daily iron and folic acid 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. (R42)

3.5.2 Delivery of health interventions with an impact on nutrition

§30 Besides delivering interventions that directly improve nutrition, health systems also need to deliver other interventions that impact on nutrition, including promoting health, preventing and treating infections, and improving women's reproductive health.

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

§32 Access to reproductive health services and information, including family planning, is critical for all women to be able to improve maternal and child health, and to break the intergenerational circle 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.

Recommended actions in the health services to improve nutrition

1. 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. (R43)
2. Provide periodic deworming for all school-age children in endemic areas. (R44)
3. Implement policies and programmes to improve health service capacity to prevent and treat infectious diseases^{xi}. (R45)
4. Provide zinc supplementation to reduce the duration and severity of diarrhoea, and to prevent subsequent episodes in children. (R46)
5. Implement policies and strategies to ensure access to reproductive health services and information for all women to discourage adolescent pregnancy and encourage pregnancy spacing. (R47)

3.6. Water, sanitation and hygiene

- §33 Water is a finite resource essential throughout the food system – from production to consumption. Agriculture and food production accounts for more than two thirds of freshwater withdrawals². Greater water use conservation, along with other relevant measures to reduce food – including water – waste and loss, are required to achieve sustainability.
- §34 Access to safe water and adequate sanitation is recognized as a human right^{xii} essential for prevention of diarrhoeal disease, and thus to improve nutrition.
- §35 Diarrhoea is the second leading cause of death among children under five, and lack of safe drinking water – along with inadequate sanitation and hygiene – are major risk factors.
- §36 Over one billion people still practice open defecation.³ In line with the global call to action on sanitation, efforts should focus on improving hygiene, changing social norms, better managing human waste and waste-water, and completely eliminating the practice of open defecation by 2025.⁴

Recommended actions on water, sanitation and hygiene

1. Implement policies and programmes, using participatory approaches to improve water management in agriculture and food production.^{xiii} (R48)

2. 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. (R49)
3. Implement policies and strategies using participatory approaches to ensure universal access to adequate sanitation^{xiv} and to promote safe hygiene practices, including hand washing with soap. (R50)

3.7. Food safety and antimicrobial resistance (AMR)

- §37 Food safety needs to be integrated into the global food security and nutrition agenda to make significant progress in improving nutrition. Food safety challenges change continuously as food systems evolve, and threaten the nutritional status of populations, particularly vulnerable sub-populations like the elderly, pregnant women and children. Food contaminated by chemical or biological hazards, including environmental pollutants, is the origin of many diseases, ranging from diarrhoea to cancer, undermining people's lives, health and nutrition well-being, directly and indirectly.⁵
- §38 Morbidity due to diarrhoea, dysentery and other enteric diseases – arising from unsafe food, contaminated water and poor sanitation – has not declined much over recent decades. In some developing countries, children are chronically exposed, through their diets, to aflatoxins, which are not only carcinogenic, but also probably contribute to stunting.
- §39 Currently, AMR is of growing global concern. While antimicrobial drugs are essential for both human and animal health and welfare, and critical to food producers' livelihoods, their misuse has led to growing antimicrobial resistance threats to humans and agro-ecological environments. Addressing AMR therefore requires a multisectoral "One Health Approach", with significant challenges in implementing internationally recognized standards and guidelines through appropriate national policies and actions.^{xv}

Recommended actions on food safety and antimicrobial resistance

1. 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. (R51)
2. Actively take part in the work of the Codex Alimentarius Commission on nutrition and food safety, and implement internationally adopted standards at the national level. (R52)

3. Participate in and contribute to international networks to exchange food safety information, including for managing emergencies.⁶ (R53)
4. Raise awareness among relevant stakeholders on the problems posed by AMR, and implement appropriate multisectoral measures to address AMR including prudent use of antimicrobials in veterinary and human medicine. (R54)
5. Develop and implement national guidelines on prudent use of antimicrobials in food-producing animals according to World Organisation for Animal Health (OIE) standards to reduce non-therapeutic use of antimicrobials and to phase out the use of antimicrobials as growth promoters. (R55)

4. FOLLOW-UP TO ICN2

4.1. Endorsement by the UNGA

§40 The outcome of ICN2 will be submitted for endorsement to the United Nations General Assembly (UNGA). Endorsement by the UNGA ensures high level political commitment to address nutrition challenges across sectors, and the involvement of a wide range of UN agencies, programmes and funds, as well as other international and regional organizations, in achieving the commitments of the Political Declaration and supporting implementation of actions recommended in this FFA within their respective mandates. Engagement of the UNGA will also facilitate more direct input and links to the development and implementation of the Post-2015 Sustainable Development Goals.

4.2 Time frame for implementation of the FFA

§41 The actions recommended by the FFA will be implemented over a ten-year time frame (2016-2025), in line with the Political Declaration.

4.3 Accountability mechanisms

§42 Effective mechanisms for accountability are essential for ensuring that the commitments of the Political Declaration are followed through, to track progress being made, and to enable people to hold duty bearers, policymakers and institutions accountable.

Recommendations for accountability

1. 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 NCD targets established by the WHA. 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)^{xvi}. Monitoring should be conducted, to the fullest possible extent, through existing mechanisms. (R56)

2. Reports on implementation of the commitments of the Political Declaration will be compiled jointly by FAO and WHO, in close collaboration with other UN 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. SUN self-assessment reports, reports to FAO and the WHA, and the Global Nutrition Report). (R57)
3. 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 the ICN2 on the agenda 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 UNGA as appropriate. (R58)

REFERENCES

1. WHO. Global Nutrition Targets 2025: Reduce and maintain childhood wasting to less than 5%. Policy Brief. Geneva: WHO; 2014.
http://www.who.int/nutrition/globaltargets_wasting_policybrief.pdf
2. Water in a changing world. United Nations World Water Development Report 3. World Water Assessment Programme. UNESCO/Earthscan, 2009.
3. WHO/UNICEF 2014. Progress on Drinking Water and Sanitation – 2014 Update. World Health Organization: Geneva
4. On 21 March 2013, the UN Deputy Secretary-General issued a Call to Action on Sanitation.
http://www.wfuna.org/sites/default/files/resources/dsg_sanitation_two-pager_final.pdf
5. WHO Initiative to Estimate the Global Burden of Foodborne Disease.
http://www.who.int/foodsafety/foodborne_disease/FERG2_report.pdf
6. FAO/WHO International Network of Food Safety Authorities (INFOSAN)
http://www.who.int/foodsafety/areas_work/infosan/en/

NOTES

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

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

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

^{iv} Energy intake should balance energy expenditure. Evidence indicates that total fat should not exceed 30% of total energy intake to avoid unhealthy weight gain, with a shift in fat consumption away from saturated fats to unsaturated fats, and towards the elimination of industrial trans fats; limiting intake of free sugars to less than 10% of total energy is part of a healthy diet. A further reduction to less than 5% of total energy is suggested for additional health benefits. Keeping salt intake to less than 5 g per day helps prevent hypertension and reduces the risk of heart disease and stroke in adult population.

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

^{vi} Language from UNGA A/RES/68/177, para 25.

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

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

^{ix} Breastfeeding fulfils the four pillars of food security.

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

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

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

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

^{xiv} Including by implementing effective risk assessment and management practices on safe wastewater use and sanitation.

^{xv} There have been several initiatives led by FAO, WHO, the World Organization for Animal Health (OIE) and the Codex Alimentarius Commission.

http://www.fao.org/ag/againfo/home/en/news_archive/2011_04_amr.html

http://www.who.int/foodsafety/areas_work/antimicrobial-resistance/en/

<http://www.oie.int/for-the-media/amr/> Code of Practice to Minimize and Contain Antimicrobial Resistance, CAC/RCP 61-2005,

http://www.codexalimentarius.org/download/standards/10213/CXP_061e.pdf; Guidelines for Risk Analysis of Foodborne

Antimicrobial Resistance, CAC/GL 77-2011, http://www.codexalimentarius.org/download/standards/11776/CXG_077e.pdf

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