
SECOND INTERNATIONAL CONFERENCE ON NUTRITION



Food and Agriculture
Organization of the
United Nations



World Health
Organization

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Information Note on the Framework for Action

Joint FAO-WHO ICN2 Secretariat

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Summary: Key messages from the Framework for Action

- For effective implementation of policies to improve nutrition an **enabling policy environment** is essential. This means explicit political commitment, greater investment, cross-government policies and plans, along with multi-stakeholder governance mechanisms.
- **Sustainable food systems** are key to promoting healthy diets, and innovative food system solutions are needed.
- Information and education concerning healthy dietary practices are vital, but consumers must also be empowered through enabling **food environments** that provide safe, diverse and healthy diets.
- While a food systems approach is important, **coherent action** is also needed in other sectors. These include international trade and investment, nutrition education and information, social protection, health system delivery of direct nutrition interventions and other health services to promote nutrition, water, sanitation and hygiene, and food safety.
- For the purpose of **accountability**, the Framework for Action adopts existing global targets for improving maternal, infant and young child nutrition and for noncommunicable disease (NCD) risk factor reduction.

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1. INTRODUCTION

The political declaration of the Second International Conference on Nutrition to be held in Rome, Italy, on 19-21 November 2014 addresses the multiple challenges of malnutrition in all its forms to inclusive and sustainable development and health. The 10 commitments of the Rome Declaration on Nutrition (see box) set out a common vision and provide a mandate, as well as the obligations, for governments to address nutrition in the coming decades.

SUMMARY OF THE 10 COMMITMENTS TO ACTION IN THE ROME DECLARATION ON NUTRITION

1. Eradicate hunger and prevent all forms of malnutrition worldwide
2. Increase investments for effective interventions and actions to improve people's diets and nutrition
3. Enhance sustainable food systems by developing coherent public policies from production to consumption and across relevant sectors
4. Raise the profile of nutrition within relevant national strategies, policies, action plans and programmes and align national resources accordingly
5. Improve nutrition by strengthening human and institutional capacities through relevant research and development, innovation and appropriate technology transfer
6. Strengthen and facilitate contributions and action by all stakeholders and promote collaboration within and across countries
7. Develop policies, programmes and initiatives for ensuring healthy diets throughout the life course
8. 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
9. Implement the commitments of the Rome Declaration on Nutrition through the Framework for Action
10. Give due consideration to integrating the vision and commitments of the Rome Declaration on Nutrition into the post-2015 development agenda process including a possible related global goal

The Framework for Action (FFA) provides a set of voluntary policy options and strategies – in the form of 60 recommended actions – for use primarily by governments as well as other stakeholders, as appropriate, to guide the implementation of the political declaration.

This Information Note, prepared by the joint FAO and WHO Secretariat, is intended to accompany the FFA, and provides additional information that may be helpful to Member States and other stakeholders. For ease of reference, the document follows the structure of the FFA.

1.1 Background

There has been significant progress in reducing hunger and undernutrition since the 1992 International Conference on Nutrition (ICN), but progress has been uneven and unacceptably slow. The prevalence of those suffering from chronic dietary energy insufficiency has declined, but remains unacceptably high, with over 800 million people suffering from chronic undernourishment, mainly in South Asia and sub-Saharan Africa.

Chronic malnutrition (stunting) still affects 161 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 deficiencies.

Furthermore, alongside the problems of chronic undernourishment (hunger), undernutrition and micronutrient deficiencies (also referred to as ‘hidden hunger’), most countries in the world are also facing increasing problems associated with obesity and diet-related noncommunicable diseases (NCDs). Over half a billion adults are obese and 42 million children under 5 years of age are overweight while diet-related NCDs are becoming serious global public health problems even in low- and middle-income countries, creating the “multiple burden” of malnutrition (hunger/undernutrition; micronutrient deficiencies; obesity and diet-related NCDs).

Meanwhile, the food system has continued to evolve with a greater proportion of food now processed and traded internationally. The availability of highly-processed commercial food products high in fat, sugars and salt/sodium has increased, often replacing healthy local diets and foods with the needed micronutrients, and resulting in excessive consumption of energy, fats, sugars and salt. The fundamental challenge today is to sustainably improve nutrition through implementation of coherent policies and better coordinated actions across all relevant sectors, strengthening, preserving and recovering healthy and sustainable food systems.

1.2. Purpose and targets

The nature of this Framework for Action is voluntary. The purpose of the FFA is to guide 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, the FFA provides a set of policy options and strategies which governments (including the European Union and other regional organizations on matters of their competency), acting in cooperation with other stakeholders, may incorporate, as appropriate, into their national nutrition, health, agriculture¹, education, development and investment plans, and consider in negotiating international agreements to achieve better nutrition for all.

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 and local needs and conditions, as well as national and regional priorities, including in legal frameworks. For the purpose of accountability, this FFA also adopts existing global

¹ The term “agriculture” includes crops, livestock, forestry and fisheries.

targets for improving maternal, infant and young child nutrition² and for NCD risk factor reduction³ to be achieved by 2025.

2. CREATING AN ENABLING ENVIRONMENT FOR EFFECTIVE ACTION

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, lack of financial investments, weak human and institutional capacities and lack of appropriate accountability mechanisms.

Actions to address malnutrition in all its forms are among the most cost-effective for development, providing very high economic returns. The potential human, societal and economic gains from turning the commitments of the Rome Declaration on Nutrition into action are substantial, while the costs of inaction are high. Available resources should be used to implement and scale up the most appropriate, cost-effective, evidence-based, nutrition interventions. This often requires complementary investments in other related sectors including food and agriculture, health, education, water, sanitation and hygiene, as well as trade.

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. Key requirements for the establishment of such enabling environment and improved governance mechanisms are:

- political commitment and leadership to prioritize structural, sustainable and equitable nutrition-enhancing approaches and strong national nutrition governance;
- adoption of effective and coherent policies, strategies and programmes, and effective multisectoral cooperation mechanisms, 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 to ensure healthy diets for all, with special focus on the most nutritionally vulnerable life stages and specific dietary needs;
- 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 accountability and effectiveness, and to improve resource use;
- international support for the implementation of national nutrition policies and programmes, as appropriate, and nutrition-sensitive approaches agreed at international level.

² (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 to at least 50%; (6) reduce and maintain childhood wasting to less than 5%.

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

Taking the key required elements listed above into account, the FFA sets out a series of seven recommended actions to create an enabling environment and governance mechanisms for effective action (Recommendations 1-7):

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.

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

Addressing malnutrition in all its forms is strengthened by a common vision and a multisectoral approach that includes coordinated, coherent, equitable and complementary interventions⁴ in food systems and agriculture⁵, health, social protection, education and trade among others, and by addressing not only hunger and undernutrition, but also the multiple burden of malnutrition efficiently and innovatively.

⁴ The term “interventions” refers to those actions (policies and programmes) designed to address immediate and/or underlying determinants of nutrition among individuals and households.

⁵ As defined in the ICN2 Declaration, the term agriculture comprises crops, livestock, forestry and fisheries.

3.1. Sustainable food systems promoting healthy diets⁶

The types of foods produced and how they are processed, traded, retailed and marketed through the supply chain impact the collective surroundings, opportunities and conditions that influence people's food and beverage choices and dietary practices and consequently, their nutritional status. Information and education concerning dietary practices are vital, but consumers must also be empowered through enabling food environments⁷. Food environments that provide safe, diverse and healthy diets are particularly important for vulnerable groups, who are more constrained by lack of resources.

A food system approach – from production to processing, storage, transportation, marketing, retailing and consumption – is thus key to promote healthy diet and improve nutrition as isolated interventions have limited impact.

Since food systems have become increasingly complex and strongly influence people's ability to consume healthy diets, coherent action and innovative food system solutions are needed to ensure access to sustainable, balanced and healthy diets for all. These solutions should include production, availability, accessibility and affordability of a variety of cereals, legumes, vegetables, fruits and animal source foods, including fish, meat, eggs and dairy products; diets containing adequate macronutrients (carbohydrates, fats and protein), fibre and essential micronutrients (vitamins and minerals) in line with WHO recommendations on healthy diet, and produced and consumed sustainably. On the other hand, these solutions should include measures to restrict the production, availability, accessibility and promotion of food products leading to excessive intake of energy, fats, sugars and salt/sodium.

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

Investing in rural populations is vital for equitable human development. Subsistence and family farmers, most of whom are women, and often lack access to and control of 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.

Raising women's incomes brings great health and nutrition benefits as often women manage household resources and greatly influence household food consumption, in particular of infants and young children. Improving agriculture and food technology gives women more time, improves their incomes

⁶ A healthy diet refers to a balanced, diverse and appropriate selection of foods eaten over a period of time. A healthy diet ensures that the needs for essential macronutrients (proteins, fats and carbohydrates including dietary fibres) and micronutrients (vitamins, minerals and trace elements) are met specific to the person's gender, age, physical activity level and physiological state. WHO indicates that for diets to be healthy (a) daily needs of energy, vitamins and minerals should be met, but energy intake should not exceed needs; (b) consumption of fruit and vegetables is over 400 g per day; (c) intake of saturated fats is less than 10% of total energy intake; (d) intake of trans-fats is less than 1% of total energy intake; (e) intake of free sugars is less than 10% of total energy intake or, preferably, less than 5%; (f) intake of salt is less than 5 g per day. For more information, see the WHO Fact Sheet on Healthy Diet (Fact sheet No 394, September 2014, <http://www.who.int/mediacentre/factsheets/fs394/en/>).

⁷ Food environments are the collective surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status.

and nutrition, and generally enhances their well-being as well as their infants and young children. It is also important to increase women's control over resources such as income, land, agricultural inputs and technology.

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.

Climate change affects production and productivity, and this directly affects diets and nutrition, smallholder farmer⁸ incomes, as well as food price volatility. Food systems themselves have a major impact on the environment⁹. Some food production systems have the potential to reduce emissions intensity significantly. 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. Agreement on shared principles of sustainability in promoting healthy diets is needed, and this will require policy coherence among the environment, agriculture and food sectors.

The Framework for Action lists the following nine recommended actions for sustainable food systems promoting healthy diets (Recommendations 8-16):

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.

⁸ Smallholder farmers here also refer to agriculture and food workers, artisanal fisherfolk, pastoralists, indigenous peoples and the landless. See Committee on World Food Security. *Global Strategic Framework for Food Security and Nutrition*. 2013.

⁹ 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.

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.

3.2. International trade and investment

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

Coherence between trade and nutrition policy is vital. Trade policy should support and provide adequate flexibility to implement effective nutrition policies and programmes. While trade has substantially increased the availability of and sometimes access to food for people, trade policies and agreements should not negatively impact the human 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 human right to food. The recommendations of Codex Alimentarius are also key for ensuring that international trade respects and promotes health and nutrition.

The FFA sets out the following two recommended actions for international trade and investment (Recommendations 17-18):

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

Recommendation 18: Improve the availability and access of the food supply through appropriate trade agreements and policies and endeavour to ensure that such agreements and policies do not have a negative impact on the right to adequate food in other countries.¹⁰

¹⁰ United Nations General Assembly resolution A/RES/68/177, paragraph 25.

3.3 Nutrition education¹¹ and information

Knowledge and education empower people to make informed healthy dietary and lifestyle choices, to improve infant and young child feeding practices 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 losses and waste and boost sustainable resource use.

Governments, nongovernmental organizations (NGOs), the private sector and nutrition advocates should lead by example and can help promote desired healthy lifestyle changes, including through active and accessible quality health and agricultural inputs and services, food and nutrition knowledge and skills included in primary and secondary school curricula (including teaching hygiene, food preparation and culinary practices in schools), public nutrition information, social marketing campaigns, and regulations on nutrient and health claims.

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

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

The FFA sets out the following three recommended actions for nutrition education and information (Recommendations 19-21):

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.

¹¹ The term 'nutrition education' refers to education and information dissemination efforts including promotion, advocacy, information, communication, counselling, empowerment, consumer education, behavioral change communication and 'social marketing' at individual, community, national and international levels to promote voluntary adoption of food choices and other food- and nutrition-related behaviours conducive to health and well-being.

3.4 Social protection

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

Social protection measures, such as food distribution, cash transfers, decent job creation and school feeding, can increase incomes and strengthen resilience. When combined with relevant health services, well-designed social protection programmes result in improved height, reduced anaemia, increased dietary diversity, and raised consumption of nutrient-dense foods, especially in low-income households with infants and children.

These measures can substantially enhance small producer resilience by preventing destitution in times of crisis besides raising production and productivity, both on- and off-farm, taking into account local contexts and market capabilities.

The FFA sets out the following three recommended actions for social protection (Recommendations 22-24):

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.

3.5 Strong and resilient health systems

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

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, and both need to strive for equity and the

full realization of the right to enjoy the highest attainable standard of physical and mental health and the right to food.

Access to health services and financial risk protection for all – including the most marginalized and most vulnerable – is needed. This means universal health coverage (UHC), which 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 population¹². Achieving UHC will lead to stronger, more efficient and more equitable health systems.

The FFA sets out the following four recommended actions for strong and resilient health systems (Recommendations 25-28):

Recommendation 25: Strengthen health systems and promote universal health coverage¹³, 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.

3.5.1 Delivery of direct nutrition interventions

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

¹² World Health Assembly Resolution A67.14. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R14-en.pdf

¹³ 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 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 users, especially the poor, vulnerable and marginalized segments of the population, to financial hardship.

Due to contemporary demographic transitions and resulting changes in the age structures of populations – with increased proportions of the elderly – actions are also required to provide adequate health and nutrition support to address the specific needs of the elderly. Direct nutrition interventions need to be integrated and implemented together with nutrition-sensitive interventions.

Promote, protect and support breastfeeding

Breastfeeding is one of the most effective ways to improve child survival and to promote healthy child growth and development. It needs to be promoted, protected and supported in all circumstances. Exclusive breastfeeding¹⁴ in the first six months of life ensures adequate, affordable, acceptable, appropriate and readily available food security and 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. The International Code of marketing Breast-milk substitutes needs to be adopted through the legislative tools that each country has, to protect breastfeeding. The FFA adopts the global target to increase the rate of exclusive breastfeeding in the first six months up to at least 50% by 2025.

The FFA sets out the following five recommended actions to promote, protect and support breastfeeding (Recommendations 29-33):

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.¹⁵

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.

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

¹⁵ As specified in the International Labour Organization's Maternity Protection Convention No. 183 and the corresponding Recommendation 191.

Wasting

Severely wasted children are estimated to be, on average, 11 times more likely to die than their healthy counterparts¹⁶. The global target to reduce and maintain childhood wasting to less than 5% by 2025 is adopted by the FFA. 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, only around 14% of wasted children are currently being reached by treatment services.

The FFA sets out the following two recommendations to address wasting (Recommendations 34-35):

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.

Stunting

Childhood stunting remains one of the world's most fundamental challenges for improved human development. The global target of 40% reduction in the number of stunted children under five years of age is adopted by the FFA. Stunting results from a complex web of individual, household, environmental, socioeconomic, political and cultural influences. 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 stunting. Therefore, actions to address wasting and stunting should be coordinated and integrated for better results.

The FFA sets out the following two recommendations to address stunting (Recommendations 36-37):

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).

¹⁶ WHO. *Global Nutrition Targets 2025: Reduce and maintain childhood wasting to less than 5%*. WHO Policy Brief, Geneva, 2014.

Childhood overweight and obesity

Overweight and obese children are at higher risk of developing serious health problems, including type 2 diabetes, high blood pressure, asthma, other respiratory problems, sleep disorders and liver diseases. They may also suffer from psychological effects, such as low self-esteem, depression and social isolation. Childhood overweight and obesity also increase the risk of adult obesity, NCDs, premature death and disability in adulthood. Actions to prevent and address childhood overweight and obesity should start with breastfeeding promotion (considering its role in reducing the risk of childhood obesity), healthy school feeding 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. Food marketing powerfully influences people's food choices. Excessive marketing pressure, particularly on children, has promoted unhealthy dietary practices. Measures to limit such influences are therefore needed. Stronger actions at the global level are required for reducing and preventing childhood overweight and obesity – in line with the global target of no increase in childhood overweight by 2025 – alongside actions to address undernutrition problems.

The FFA sets out the following four recommendations to address childhood overweight and obesity (Recommendations 38-41):

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.

Anaemia in women of reproductive age

Lack of vitamins and minerals presents a global public health problem. Iodine, vitamin A and iron deficiencies are the most important globally, and present a major threat to health and development. Iron deficiency anaemia, the most common and widespread nutritional disorder in the world, 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 reduced economic productivity. In order to achieve the global target of a 50% reduction in anaemia in women of reproductive age by 2025, direct nutrition interventions need to be implemented together with strategies to promote healthy and diversified diets are needed. Implementation of recommendations on provision of healthy diets in schools and preschools, provision of nutrition education, treatment and prevention of infectious disease and improved hygiene and sanitation is also important.

The FFA sets out the following two recommended actions to address anaemia in women of reproductive age (Recommendations 42-43):

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

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

3.5.2 Interventions in health services to improve nutrition

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.

Frequent bouts of infectious diseases, such as acute enteric infections, are an important cause of child undernutrition, helping to explain why child undernutrition still exists 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. Infections can also cause a loss of appetite which, in turn, can lead to reduced nutrient intake. Breastfeeding is one way to provide protection for infants against infections in circumstances of poor sanitation.

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.

The FFA includes the following six recommendations on health services to improve nutrition (Recommendations 44-49):

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 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.¹⁷

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.

3.6. Water, sanitation and hygiene

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 withdrawals¹⁸. To achieve sustainable, healthy diets, more rational water use will be required, along with changes to consumption patterns. To meet this challenge, food production systems need to adapt with a combination of relevant measures. Greater water use conservation, along with other relevant measures to reduce food – including water – waste and loss, are required to achieve sustainability.

Access to safe drinking water and adequate sanitation is recognized as a human right¹⁹ essential for health, prevention of diarrhoeal disease, and thus to improve nutrition. Diarrhoea is the second leading cause of death among children under five, and lack of safe drinking water – along with inadequate sanitation and hygiene – are major risk factors. Children who are affected by undernutrition are more likely to die from diarrhoea. In turn, diarrhoea undermines nutrition by reducing appetite and food absorption.

Over one billion people still practice open defecation. In line with the global call to action on sanitation, efforts should focus on improving hygiene, changing social norms, better management of human waste and waste-water, and completely eliminating the practice of open defecation by 2025.

The FFA sets out the following three recommended actions on water, sanitation and hygiene (Recommendations 50-52):

Recommendation 50: Implement policies and programmes using participatory approaches to improve water management in agriculture and food production.²⁰

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

¹⁸ Water in a changing world. United Nations World Water Development Report 3. World Water Assessment Programme. UNESCO/Earthscan, 2009.

¹⁹ The main international treaties explicitly recognizing the 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.

²⁰ Including by reducing water wastage in irrigation, strategies for multiple use of water (including wastewater), and better use of appropriate technology.

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 sanitation²¹ and to promote safe hygiene practices, including hand washing with soap.

3.7. Food safety and antimicrobial resistance (AMR)

Food safety needs to be integrated into the global food security and nutrition agenda to make significant progress in improving nutrition. Food safety problems threaten the nutritional status of populations, particularly vulnerable groups 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.²²

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.

One emerging food safety issue of global concern is antimicrobial resistance (AMR). 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 AMR threats to humans and agro-ecological environments. Addressing AMR therefore requires a multisectoral "One Health Approach", but significant challenges still remain in translating internationally recognized standards and guidelines into appropriate national policies and actions.²³

The FFA sets out the following five recommended actions on food safety and antimicrobial resistance (AMR) (Recommendations 56-57):

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.

²¹ Including by implementing effective risk assessment and management practices on safe wastewater use and sanitation.

²² WHO Initiative to Estimate the Global Burden of Foodborne Disease.

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

²³ 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

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.²⁴

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 animals²⁵ 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.

4. FOLLOW-UP AFTER ICN2

Endorsement by the United Nations General Assembly (UNGA)

The United Nations system – and particularly FAO and WHO – has an important role to play in supporting national and regional efforts, enhancing international cooperation and monitoring follow-up to the ICN2.

The ICN2 Rome Declaration on Nutrition recommends the United Nations General Assembly to endorse the commitments as well as the policy options provided in the FFA for implementation. 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 Rome Declaration on Nutrition and supporting implementation of actions recommended in the 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.

Time frame for implementation of the FFA

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

Accountability mechanisms

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

²⁴ FAO/WHO International Network of Food Safety Authorities (http://www.who.int/foodsafety/areas_work/infosan/en/).

²⁵ The term refers to animals used for the purpose of food production.

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 on the monitoring of food security including indicators of FAO prevalence of undernourishment, food insecurity experience scale, and other widely used indicators.

The FFA sets out the following three recommended actions to ensure accountability (Recommendations 58-60):

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.