**Invitation to an open discussion**

**on the political outcome document of the ICN2**

**Comment Form**

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1. **General comments on the Draft of the Rome Declaration on Nutrition.**

* The Declaration seems to address the underlying causes of malnutrition in all its forms, and to adopt a multi-sectoral and multi-stakeholder approach to tackle these, however, the emphasis seems to tend towards the food systems and bypasses the importance of other underlying causes of malnutrition..
* The "threats of malnutrition" section does not make a reference to gender discrimination as one of the fundamental drivers of malnutrition. Action to end hunger and malnutrition must work to transform norms that result in girls eating last and least, keep girls out of school, limit women's income, voice and productivity and lead to child marriage. Improving women's status and role, access to education, and access to and control over resources will bring positive nutrition gains.

1. **Specific comments on the paragraphs related to the multiple threats that malnutrition poses to sustainable development (paragraphs 4-10).**

* 4 - It is children, particularly in the first 1,000 days that are most at risk from the threats of malnutrition. Malnutrition in this age group also condemns the child to higher risks of health related problems in their lifetime, less academic achievements and reduced earning potential
* 5 – poverty is both a contributor and result of malnutrition

1. **Specific comments on the vision for global action to end all forms of malnutrition (paragraphs 11-12).**

* Although there is a mention of the right to adequate food, the human rights-based approach could be strengthened
* The International Code of the Marketing of Breastmilk Substitutes should explicitly be mentioned with a commitment by members states to enforce the Code.

1. **Specific comments in the appropriate fields relating to these commitments (paragraph 13):**

* The commitments to action are laudable but remain quite general and do not detail how/by when these objectives will be achieved.

Commitment a): eradicate hunger and all forms of malnutrition, particularly to eliminate stunting, wasting and overweight in children under 5 and anemia in women; eliminating undernourishment and reversing rising trends in obesity;

Commitment b): reshape food systems through coherent implementation of public policies and investment plans throughout food value chains to serve the health and nutrition needs of the growing world population by providing access to safe, nutritious and healthy foods in a sustainable and resilient way;

* Commitment should recognise that people are at the heart of food systems and that the majority of the world’s poor are also smallholder farmers. There is a need to focus on smallholder farmers, women, indigenous and other vulnerable people and the role that they play in producing food for all.

Commitment c): take leadership to shape and manage food systems and improve nutrition by strengthening institutional capacity, ensuring adequate resourcing and coordinating effectively across sectors;

* Commitment should include a pledge to allocate sufficient resources to turn policy into action that reaches the most vulnerable populations, particularly children, and populations living in fragile and conflict affected states.

Commitment d): encourage and facilitate contributions by all stakeholders in society and promote collaboration within and across countries, including North-South, South-South and triangular cooperation;

Commitment e): enhance people’s nutrition, including people with special needs, through policies and initiatives for healthy diets throughout the life course, starting from the early stages of life, before and during pregnancy, promoting and supporting adequate breast feeding and appropriate complementary feeding, healthy eating by families, and at school during childhood;

* With a priority focus on the first 1,000 days as a window of opportunity to change the trajectory of growth and development
* Adequate diet is one aspect of improved nutrition, but also includes appropriate care and access to health services, which seems to be overlooked in this document.

Commitment f): adopt and implement a Framework for Action that should be used to monitor progress in achieving targets and fulfilling commitments;

* It is crucial that a monitoring process is put in place, but the question is how will the targets and commitments be assessed? How will nutrition-specific and nutrition-sensitive activities be tracked? How will the government authorities be held accountable to their commitments? Clear goals should be set with achievable annual targets that countries can be accountable for – with clear timeframes for the framework.
* The ICN2 Framework for Action should include commitment by member states to the agreed WHA MIYCN Framework.

Commitment g): integrate the objectives of the Framework for Action into the post-2015 development agenda including a possible global goal on food security and nutrition.

* WVI strongly supports a bold global goal on food security and nutrition, with nutrition-related targets and indicators within other goals, as follows:
* Goal: End hunger and ensure food and nutrition security for all, especially children
  + Targets:
  1. Eliminate childhood malnutrition, including ending childhood stunting and wasting (marked by reductions in both to below 5%);
  2. Ensure 100% year round access to sufficient affordable, safe, diverse and nutritious food, including the dietary needs of children in their first 1,000 days (pregnancy to age 2);
  3. Vulnerable groups have access to adequate and reliable safety nets designed to protect consumption and nutrition of highly food insecure populations.
  4. Goal: Healthy life: end preventable deaths and illness, especially amongst women and children
  5. Nut-related target: Significantly improve child and maternal nutrition, including increasing rates of exclusive breastfeeding to 6 months of age to at least 60% and reducing maternal anaemia.

1. **We would also appreciate your vision on policies, programmes and investment that might help translate such commitments into action.**

Generally, it would be valuable to provide concrete examples of how these commitments should be translated into action. E.g. It is crucial to add the need to target the most vulnerable segments of the population, as well as improve accountability and informed participation in decision-making. Examples could include:

* Social Accountability CVA approach (local level / community advocacy)
* Positive Deviance Hearth, interventions that reach the 1,000 day window,
* responsible PPPs,
* Agro-ecological, smallholder and family farming
* Management of post-harvest losses and reduction of food waste
* National, comprehensive social protection programmes that have ‘improved nutrition for children under 2 years of age’ as an explicit objective and result measurement

To further help translate commitments into action, there needs to be investment in national survey and data collection systems. World Vision’s report “Uncounted and Unreached: The unseen children who could be saved by better data’ available here: <file:///C:/Users/arnott/Downloads/Uncounted%20and%20Unreached_0.pdf>. The report highlights the fact that every child, every mother, everywhere has the right to be counted; the invisible deserve to be given visibility, and vulnerable children deserve to have the opportunity to survive and fulfil their potential.

We need to see the following simple and inexpensive solutions implemented at all levels, everywhere, so that every child can survive and thrive:

* Community-driven statistics and monitoring initiatives supported, integrated into national information systems and scaled up by governments
* Global-level endorsement of approaches that put real people – families and communities – at the front and centre of efforts to count and reach the most vulnerable children in the most need
* Political champions willing to stand up for those children furthest from health centres and people’s minds and put them at the forefront of the next development agenda
* Increased investment in effective systems for civil registration and vital statistics
* Greater attention at the highest political level to strengthen routine data collection systems locally, nationally and internationally to measure inequalities
* Commitment to ensure children and the most vulnerable groups are involved in generating surveys and mapping
* Bridging the gap with families and communities by engaging and empowering their participation in data collection and in the planning, delivery and review of health services