

1 INTRODUCTION

1.1 Background

Despite the significant achievements following the 1992 International Conference on Nutrition (ICN) and the 1996 World Food Summit, progress in reducing hunger and malnutrition has been unacceptably slow and uneven. The prevalence of those suffering undernourishment has declined, but remains unacceptably high, affecting over 800¹ million people, mainly in South Asia and sub-Saharan Africa. Moreover, most countries are burdened by multiple types of malnutrition. Over two billion² people suffer from one or more micronutrient deficiencies, while over half a billion are obese³, with an increasing incidence of diet-related non-communicable diseases (NCDs). The common denominator among all types of malnutrition is nutritionally inappropriate diets, but the nature and underlying causes of malnutrition are complex and multidimensional.

Following the 1992 ICN, many countries prepared National Plans of Action on Nutrition (NPANs) reflecting country priorities and strategies for alleviating hunger and malnutrition. Many countries have also developed strategies to address unhealthy diets, obesity and/or nutrition-related NCDs. However, implementation of these plans has been uneven, often slow.

~~Food systems are diverse and changing rapidly, with profound implications for diets and nutritional outcomes. They influence the availability of and access to a diverse variety of foods, and thus, the ability of consumers to choose healthy diets. Food systems are expected to provide food for all that is adequate in quantity, in terms of calories, and in quality, in terms of variety, nutrient content, safety and is culturally acceptable. They are increasingly being challenged to do so in the face of constraints to food production posed by stretched resources and ecological sustainability challenges, including climate change.~~

The challenge is to improve global and national nutrition and food system governance to ensure more nutrition-enhancing food systems. It is also to achieve political and policy coherence and coordination across all sectors, including in agriculture and food systems,

¹ SOFI, 2014

² FAO, WFP and IFAD. *The state of food insecurity in the world 2012. Economic growth is necessary but not sufficient to accelerate reduction of hunger and malnutrition*. Rome, 2012.

³ WHO, 2013. *Obesity and overweight*. Fact sheet.

health, social protection, education, employment, trade, environment, information, consumer affairs, planning and other sectors.

1.2 Framework for Action

This Framework for Action (FFA) is guided by the Rome Declaration on Nutrition, a collective commitment made at ICN2 to ensure that development, including that of the global food system, is improving people's nutrition in a sustainable way, particularly that of women and children.

This FFA is designed for a time frame of 10 years, and is meant to provide the key priorities that would guide a Decade of Action on Nutrition, endorsed and led by the United Nations General Assembly and taken forward by Member States.

This Framework for Action is also building on the commitments made at the first International Conference on Nutrition in 1992, which unanimously adopted a World Declaration and Plan of Action for Nutrition⁴, and the commitments made at the World Food Summits of 1996⁵ and 2002⁶ and the World Summit on Food Security of 2009.⁷ It is integral to the post-2015 development agenda and, clearly, feeds into the proposed Sustainable Development Goal to 'end hunger, improve nutrition, and promote sustainable agriculture.' It also builds on commitments in the Global NCD Action Plan 2013-2020 and the global targets for improving maternal, infant and young child nutrition by 2025.⁸ It encourages and supports the realization of the UN Secretary General's Zero Hunger Challenge, launched in June 2012, to work on eliminating hunger in our lifetimes.⁹ Finally, it is in line with other important recent initiatives on nutrition, including the Scaling Up Nutrition (SUN) movement¹⁰ and the Global Nutrition for Growth Compact.¹¹

⁴ World Declaration and Plan of Action for Nutrition. International Conference on Nutrition, December 2012. Available from: <http://whqlibdoc.who.int/hq/1992/a34303.pdf>

⁵ Rome Declaration on World Food Security, 13-17 November 1996, Rome. Available from: <http://www.fao.org/docrep/003/w3613e/w3613e00.HTM>

⁶ <http://www.fao.org/docrep/MEETING/005/Y7106e/Y7106E09.htm>

⁷ Declaration of the World Summit on Food Security.

http://www.fao.org/fileadmin/templates/wsfs/Summit/Docs/Final_Declaration/WSFS09_Declaration.pdf

⁸ Endorsed by WHO's Member States at the 65th World Health Assembly in May 2012.

⁹ <http://www.un.org/en/zerohunger/index.shtml#&panel1-1>

¹⁰ <http://scalingupnutrition.org/>

¹¹ Nutrition for growth commitments: executive summary.

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207271/nutrition-for-growth-commitments.pdf).

This FFA aligns to the commitments formulated by the 65th World Health Assembly to achieve, by the year 2025:

- ❖ ~~40% reduction of the global number of children under five who are stunted by 2025~~
- ❖ ~~50% reduction of anaemia in women of reproductive age by 2025~~
- ❖ ~~30% reduction of low birth weight by 2025~~
- ❖ ~~No increase in childhood overweight by 2025~~
- ❖ ~~Increase exclusive breastfeeding rates in the first six months up to at least 50% by 2025~~
- ❖ ~~Reduce and maintain childhood wasting to less than 5% by 2025~~

It also aligns to the commitments made by the 66th WHA to reduce deaths from NCDs 25% by 2025, reduce salt intake by 30% and halt the increase in obesity prevalence in adolescents and adults.

~~This FFA provides the technical basis for adopting major policy guidelines and strategies and for developing and updating national plans of action and investments to improve nutrition. It offers guidelines on how to implement the Rome Declaration on Nutrition for governments, acting in partnership with civil society organizations (CSOs) and grassroots movements, farmers, consumer groups, the private sector, the research community, local communities, families and households, with the assistance of the international community, including international organizations and multilateral financing institutions.~~

Resources, needs and problems vary among and within countries and regions of the world. Therefore, the situation in each country needs to be assessed in order to set appropriate priorities for formulating specific national plans of action, giving tangible expression to policy-level commitments to improve the nutritional wellbeing of the population. This entails considering nutritional impacts in overall development plans and of all relevant sector development policies and plans.

2 INSTITUTIONAL MECHANISMS TO IMPROVE NUTRITION

2.1 Enabling environments

~~At national level, creating an enabling environment to fight malnutrition in all its forms, including better governance of food and related systems, political, economic and social stability, and an enabling policy environment, entails four key elements: 1. Political will and commitment to ensure inclusive nutrition enhancing approaches, 2. Leadership for progress on nutrition at all levels, 3. Knowledge and evidence-based strategies, policies and programmes, and 4. Enhanced, strong and sustained capacities for effective action.~~

2.2 Better governance for nutrition

Six elements are particularly important for improving governance of food and related systems to improve nutrition.

Coherent government-endorsed policies with explicit targets and situation-specific strategies

Given the multiple causes of malnutrition, its many underlying determinants and the significance of the overall policy context, national governance should establish policies to encourage nutrition justice, and to incentivize actions to adequately address the causes and underlying determinants of malnutrition relevant for different communities. Policies should include explicit nutrition targets. ~~The development of appropriate strategies should involve regular consultations among all implementing partners including consumer groups, other civil society organizations; producers, processors, distributors and retailers of food; businesses whose activities affect nutrition; professional nutritionists, research scientists; educators; employers and those responsible for social protection, safety nets and emergency relief. Strategies should address people's dietary choices, and the contexts in which these choices are made, and strategies that are adopted to the given situation. Policymaking should involve all implementing partners...~~

Institutional arrangements that encourage effective multi-sector coordination, cooperation and collaboration

~~Institutional arrangements should encourage effective multi-sector coordination, cooperation and collaboration at national, local and intermediate levels, focus on ensuring equitable access to essential services to communities most vulnerable to malnutrition, and enable regular monitoring.~~

Facilitation of effective implementation at all levels, especially for

~~Concerted efforts to encourage effective design, implementation and monitoring of actions and stakeholders at local, district and provincial administrative levels, accompanied by intensive social mobilization, advocacy and communications, should enable decision makers at all levels to coordinate national policies, sectoral strategies and monitoring procedures.~~

Assessment and accountability

Regular assessments of progress by national and local governments, as well as the partners with whom they work, can greatly enhance accountability. This means processes through which those responsible for devising strategies and implementing actions regularly render accounts to people's representatives, e.g., parliamentarians and other national and local representatives. ~~Assessments should take account of factors such as changing climates, political conflict, food price volatility, lack of water and sanitation, inaccessible health care services, employment conditions that undermine good nutrition in pregnancy or early childhood (e.g., by discouraging breastfeeding), and inadequate social protection.~~

~~Engage implementation partners~~

~~The engagement of all partners who support the implementation of policies is crucial. This requires mechanisms that encourage aligned efforts, synergy of actions and concerted efforts in response to deficiencies or gaps identified. Engagement of multiple partners requires trust and mutual accountability: this needs transparency by all partners, and subordination of interests which conflict with government policies, agreed implementation strategies or human rights.~~

International support for national nutrition governance

International support for national governance should be designed in ways that assist national authorities to effectively establish and implement their own governance processes, with support for the development and application of international standards, and for implementation arrangements that make such complex governance arrangements work more effectively in practice.

Priority actions for nutrition governance

Establish:

- *A cross-government, inter-sectoral governance mechanism, including the engagement of local and intermediate level governments.*
- *Multi-stakeholder platforms, including engagement with local communities, with adequate mechanisms to safeguard against potential conflicts of interest.*

2.3 Financing for improved nutrition outcomes

As the costs of inaction are high, the potential human, societal and economic gains to be made from investing in improving nutrition – and turning the commitments of the Rome Declaration into action – are very large. Further global and national investment will be fundamental.

More money for nutrition

~~Interventions to address malnutrition are among the most cost effective in development.¹² The economic returns for development from tackling undernutrition are very strong, with every \$1 invested estimated to yield economic returns of around \$18.¹³ There is also a strong economic case for tackling obesity, overweight and other diet-related diseases. The economic burden of non-communicable diseases is enormous – globally, the~~

¹² Horton, S., Alderman, H., Rivera, J.A. (2008) *The challenge of hunger and malnutrition*. Copenhagen Consensus Challenge Paper.

¹³ The median benefit:cost ratio from a study modelling the impact of preventing one third of stunting in children up to the age of three in 17 high-burden countries. Source: Hoddinott, J., Alderman, H., Behrman, J.R., Haddad, L., Horton, S. (2013). *The economic rationale for investing in stunting reduction*. GCC Working Paper Series, GCC 13-08.

~~cumulative costs of lost productivity alone attributed to the four major non-communicable diseases and mental disorders are estimated at US\$ 47 trillion over the next two decades.¹⁴~~

Better results for the investments

Available resources are best used to introduce or scale up cost-effective, evidence-based, nutrition-specific interventions. This needs to be accompanied by investment in relevant sectors (e.g., agriculture, education, health, water, sanitation, hygiene [WASH], etc.) and cross-cutting (e.g., gender) nutrition-sensitive strategies. Public and private investments in services and infrastructure need to be aligned to implement national nutrition plans and strategies.

~~Proposed actions for improving nutrition outcomes with existing investments and for mobilizing new investments for nutrition are shown below.~~

Priority actions for financing for improved nutrition outcomes

- *Cost national nutrition plans and assess the financing gap.*
- *Encourage high-burden malnutrition countries to designate more domestic resources for nutrition.*
- *Generate new resources through national taxes, voluntary contributions, and innovative financing tools/mechanisms that are stable and predictable.*
- *Catalyze private investments through risk management tools, innovative credit tools, public-private partnerships, smart subsidies, migrant remittances, etc.*
- *Align investments behind country plans and utilize government channels and existing technical partners for their implementation.*

3 FROM COMMITMENT TO ACTION: POLICY AND PROGRAMME OPTIONS

~~Addressing malnutrition requires a common vision and a multi-sector approach that includes coordinated, coherent and complementary interventions in food and agriculture systems, health, social protection, education and other sectors. Adoption of these options will vary from country to country in alignment with their national plans and priorities, considering their unique contexts and challenges. Policy makers must therefore understand the specific nature of the malnutrition problem to design coherent interventions for which up-to-date data and analysis are necessary.~~

¹⁴ Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). *The Global Economic Burden of Noncommunicable Diseases*. Geneva: World Economic Forum.

3.1 Food systems

Food systems determine the quantity, in terms of calories, and quality, in terms of variety, nutrient content and safety, of foods available. The consumption of a variety of foods adequate in quantity and quality ensures the nutrients needed for healthy lives. Shaping food systems to encourage healthy diets and better nutritional outcomes requires understanding the system, to identify viable options for better nutrition.

Food systems – from production and all along the supply chain including handling, processing, storage, transportation, marketing, retailing and consumer behaviour – offer many opportunities for improving diets and nutrition. Some may have the primary purpose of enhancing nutrition, while others may affect nutrition even though this may not be their primary objective. As interventions in isolation may have limited impacts within such a complex system, interventions that consider food systems as a whole are more likely to succeed. ~~Considering the entire food system provides a framework to determine, design and implement interventions to improve nutrition.~~

Both traditional and modern supply chains offer risks and opportunities for achieving better nutrition. Traditional supply chains are the primary channel through which most low-income consumers purchase food. Enhancing the efficiency of traditional food value chains can enable better nutritional outcomes by improving the access of low-income consumers to safe, nutrient-rich foods, such as animal-sourced foods, legumes, certain vegetables and fruits.

Modern supply chains are important for preserving the nutritional content of food and increase the year-round availability and affordability of a diverse range of foods. Modern food processing and retailing facilitates increased ~~availability and access to animal source foods, fruits and vegetables, increased~~ access to cold chain storage, ~~prompted establishing food safety standards and enabled fortification to address specific micronutrient deficiencies. However,~~ they have also increased the availability of highly processed foods of minimal nutritional value which have contributed to obesity and diet-related NCDs.

Nutrition goals and objectives need to be considered together and purposes of food systems. Trade-offs between achieving goals need to be considered and possible ‘win-win’ options in rural infrastructure (e.g. feeder roads and irrigation facilities) technology and market information, which may increase consumer prices, increase farmer incomes and improve nutrition. The private sector will facilitate more sustainable and nutritionally desirable diets when it pays to do so. Hence, appropriate regulation and incentives can ~~increase the compatibility between market signals and improved~~ nutrition.

, enabled fortification to address specific micronutrient deficiencies, but also increased the need for food safety standards

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~~Increasing productivity and economic growth can improve nutrition outcomes. Improvements in agricultural, food production and other technology that reduce demands on women's time, improve the well-being of women and people's nutrition by increasing time available for child care, food preparation, accessing clean drinking water, increasing women's income. Productivity improvements can reduce net unit costs, increasing farmers' incomes and lowering food prices which should have positive nutrition and economic growth effects. Increasing diversity in food production can lower production risks, improve nutrition, contribute to ecosystem health, and raise farmer incomes and well-being. Hence, greater nutrition sensitivity as a policy goal can enhance economic growth, incomes and efficiency, especially pro-poor development through empowerment, equity and social welfare.~~

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Income growth is associated with reductions in undernourishment. However, if income growth is to improve diets, it must be accompanied by specific actions to improve dietary adequacy and quality to reduce malnutrition in all its forms.

Food system-based policies which work to reduce malnutrition via increased purchasing power stand a better chance of success when implemented within a broader pro-poor context, including social protection and other measures to reduce risk.

~~Healthy diets contain a balanced and adequate combination of foods to ensure sufficient macronutrients (carbohydrates, fats and protein) and essential micronutrients (vitamins and minerals). Diverse diets that combine a variety of cereals, legumes, vegetables, fruits and animal source foods will provide adequate nutrition for most people to meet their nutrient requirements, although supplements may be needed for certain populations, e.g., during humanitarian emergencies.~~



~~In order to promote optimal health, WHO recommends that diets should ensure:~~

- ~~• Daily needs of energy, vitamins and minerals are met, but energy intake does not exceed them.~~
- ~~• Consumption of fruit and vegetables is over 500 g per day.~~
- ~~• Intake of saturated fat is less than 10% of total energy intake.~~
- ~~• Intake of trans fatty acids is kept to less than 2% of total fat intake.~~
- ~~• Intake of free sugars is less than 10% of total energy intake or, preferably, less than 5%.~~
- ~~• Intake of salt is less than 5 g per day.~~
- ~~• Adequate intake of animal source foods is guaranteed in children under five.~~

Dietary diversity is a key determinant of nutritional outcomes, but the consumption of nutrient-dense foods is very sensitive to income and price, especially for low-income consumers. ~~Protecting the nutritional quality of diets – not just the adequacy of dietary~~

~~energy consumption – should be a priority for policy makers. To improve diets, it is necessary to meet basic nutrition needs by providing affordable choices. The urgent needs of vulnerable populations should be met while building longer term resilience through improved targeting, problem identification, programme design, monitoring and evaluation.~~

and this means to empower...

Making systems more nutrition-enhancing so that food is available, accessible, diverse and nutritious is key, ~~but so is the need to empower consumers to make healthy dietary choices.~~ Governments, international organizations, the private sector and civil society can all help consumers make healthier decisions by providing clear and accurate information besides ensuring access to more nutritious foods. Popular nutrition education should be combined with other efforts to improve nutrition, as time or income constraints may otherwise prevent nutrition-enhancing behaviour.

Gender-sensitive interventions can improve nutritional outcomes by recognizing women's critical role in nutrition through food production, food provision and work. Women are also active in various parts of the food system, including food marketing and processing. ~~Raising women's incomes has important implications for nutritional outcomes, because women manage limited household resources and influence household food consumption. Women who earn more generally have stronger bargaining power within the household, enabling them to exert more influence over consumption, investment and production, often resulting in better nutrition, health and education outcomes, especially for children.~~

At each step in the chain, from production to consumption ('from farm to fork'), there are opportunities for improving nutrition quality and safety. By identifying critical points in the chain between food production and consumption, nutrition can be enhanced. Better plant nutrition – through bio-fortification, micronutrient fertilizers, and soil improvements – can increase the nutrient values of crops and thus human nutrition. Better storage, preservation and processing (including food fortification) for crops, livestock, fish or gathered foods, at the farm level or commercially, can also do so. Improvements in production, processing or marketing, such as greater post-harvest food processing at community level and reduction of post-harvest losses, can reduce relative prices or the time it takes to obtain or prepare more nutritious foods.

~~To address malnutrition, we need to sustainably increase the production and availability of food while ensuring that poor households have access to good quality, safe and nutritionally adequate diets and the knowledge to select, process, and prepare such foods.~~

In emergency situations, nutrition interventions tend to focus on addressing acute undernutrition through therapeutic feeding and food aid. While these interventions are crucial for saving lives in the short term, they do not address the underlying causes of malnutrition. Assistance is often required to help restore local food production and

community access to safe and nutritious foods, while ensuring households have the capacity to make optimal use of available food. Food and agriculture-based responses include diversified food production, improving storage, diversifying livelihood strategies and nutrition education programmes, all designed, implemented and monitored using a nutrition lens within a Disaster Risk Management framework. Designing timely emergency responses to natural disasters and man-made shocks can help mitigate the nutritional vulnerability of those affected.

Priority actions

- *Review existing national and sector policies which influence food and nutrition security, then identify and address areas of incoherence.*
- *Review public investments to make them more coherent, improving the food and water supply.*
- *Promote and support initiatives such as school gardens/farm-to-school to educate young people about appropriate diets.*
- *Support extension services to support dietary diversity in collaboration with researchers, small-scale farmers and local communities.*
- *Strengthening facilities for local food production and processing.*
- *Promote backyard/homestead gardening, fish farms and small animal management, including ecologically appropriate varieties with high nutritional value, as a potential source of income and of fresh local produce.*
- *Integrating explicit nutrition objectives into agricultural strategy policy and programme design and implementation and research agendas, to ensure that: they are not detrimental to nutrition; and opportunities to improve nutrition are well utilized.*
- *Analyzing the causes, magnitude and dimensions of malnutrition, who is affected, as well as constraints to and opportunities for effective interventions at scale.*
- *Promoting dietary quality and diversity by:*
 - *identifying nutritious local varieties and/or developing new plant varieties specifically with improved nutrient content, and better tolerance to limited water availability, a major factor limiting crop yields*
 - *diversifying the crop mix and improving storage, preservation and other approaches to reduce seasonal food insecurity and nutrient content loss*
 - *promoting the consumption of affordable nutritionally enhanced foods*
 - *promoting locally available and affordable nutrient-rich foods using innovative education and communication strategies, including health education, agricultural extension and media campaigns.*
- *Identifying and promoting good practices for improving nutrition-enhancing food- and agriculture-based approaches on a large scale.*
- *Addressing micronutrient deficiencies through sustainable food-based approaches for improving the nutrition status of populations including:*
 - *promoting nutrition information dissemination and sustainable food-based interventions that encourage dietary diversification through the production*

of, access to and consumption of micronutrient-rich foods, including appropriate traditional foods;

- *processing and preservation techniques conserving micronutrients, particularly when micronutrient-rich foods are only available seasonally;*
 - *developing sustainable institutional capacities and human resources, including training of professionals, non-professionals and community leaders, to overcome micronutrient deficiencies.*
- *Encouraging bio-fortification, by breeding higher levels of essential nutrients into staple crops through agronomic practices, has much potential for reducing micronutrient undernutrition. Success also depends on sensitivity to cultural preferences, behavioural change and adequate information on the nutritional desirability of bio-fortified crops.*

3.1.1 Food environments

Comprehensive strategies to improve access to, and consumption of, healthy diets need to include measures to create healthy food environments and to empower consumers. As well as information and education to enable healthy food choices, this requires implementation of measures to modify food environments to improve the availability, acceptability and affordability of healthy diets.



Strategies should aim to bring about a number of specific changes in the diet, as set out in the Global NCD Action Plan:

- Reduce the level of salt/sodium added to prepared or processed food.
- Increase availability, affordability and consumption of fruit and vegetables.
- Reduce saturated fatty acids (SFA) in food and replace them with unsaturated fatty acids.
- Replace trans fats with unsaturated fats.
- Reduce the content of free and added sugars in food and non-alcoholic beverages.
- Limit excess calorie intake, reduce portion size and energy density of foods.

A range of policy options for Member States to promote a healthy diet and progress towards the targets above have already been set out in WHO's Global NCD Action Plan.¹⁵ A set of key actions is also proposed in the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition.¹⁶ Tools to help Member States in those efforts exist in the form of WHO's Set of Recommendations on the Marketing of Foods

¹⁵ World Health Organization. *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. Geneva, 2013.

¹⁶ World Health Organization. *Comprehensive implementation plan on maternal, infant and young child nutrition*. Geneva, 2014.

and Non-Alcoholic Beverages to Children, the International Code of Marketing of Breast-milk Substitutes and the international standards established by Codex Alimentarius.

~~There are a number of policy options and suggestion actions available for use in the creation of a healthier environment to enable healthy diets (including breastfeeding).~~

Priority actions to improve the food environment

Standards in public institutions and the workplace



- *Improve the school food environment by setting food-based or nutrient-based standards for foods available in schools (meals, vending machines, etc.), setting standards for foods available in the immediate vicinity of schools, making foods that can be part of a healthy diet more readily available and ensuring free provision of safe drinking water.*
- *Establish and apply standards for the provision of healthy, affordable food in other public institutions, such as hospitals, childcare facilities, universities, government offices, prisons. These institutions should also create a healthy “choice architecture” and provide facilities for breastfeeding.*
- *Encourage private companies to provide healthy meals in their workplaces and to make suitable rooms available for breastfeeding.*
- *Establish standards for the provision of healthy, affordable food through social support schemes.*

Healthy diets

- *Increase incentives for production of nutrient-rich foods and their movement into processing and retail through the value chain at all scales.*
- *Introduce regulatory measures to ensure removal of industrially-produced trans fats from foods and beverages.*

Incentivize healthy dietary choices

- *Set incentives and rules to create retail and food service/catering environments characterised by healthy, affordable meals. Examples include price reductions on nutrient-rich foods, incentives for retailers to locate in underserved areas and measures to influence portion size.*
- *Create fiscal incentives and disincentives such as vegetables and fruits healthy diets by reducing the cost of more healthy diet options relative to less healthy ones.*

Regulating marketing

- *Implement the WHO Set of Recommendations on Marketing Food and Non-alcoholic Beverages to Children.*

impose taxes on soft drinks (sodas) and on HFSS foods, in order to subsidize access to fruits and vegetables

1.2 Sustainable healthy diets

Environmental factors – such as climate change, climate variability and extreme weather events – affect agriculture, food systems and other drivers of nutrition. Changes in temperature and rainfall patterns affect production and productivity and, thus, the kinds of crops that can be grown or animals (livestock, small animals, and fish) that can be raised or captured. Conversely, food systems themselves have a major impact on the environment, with food production a major contributor to greenhouse gas emissions. Policy coherence between the environment, agriculture and food sectors is essential, and agreement on shared principles of sustainability in promoting healthy diets is needed.

Priority actions for sustainable, healthy diets

- *Develop a clear and robust set of guidelines for sustainable food production practices.*
- *Encourage food production practices that improve resilience to climate change and reduced use of inputs such as water, agro-chemicals and energy.*
- *Develop other policy tools, such as economic incentives, environmental regulation, sustainability labelling, sustainable public food procurement policies, education and awareness raising, to ensure more sustainable food systems.*

3.2 Social Protection

In 2012, the UN General Assembly urged the progressive institutionalization of comprehensive social protection beginning with the universal establishment of a minimal ‘social protection floor’. Food security and nutrition outcomes should be a major priority for social protection. With the modest and uneven progress in recent decades on reducing poverty, hunger, food insecurity and malnutrition, and the currently dim prospects for inclusive economic and employment growth in much of the world in the foreseeable future, extending comprehensive social protection will be necessary to eliminate poverty, hunger and undernutrition by 2030. Appropriately designed, country-owned, development-oriented, social protection programmes can ensure sufficient, timely and reliable support to address undernutrition in the short and longer term as well.

Various forms of social protection can be designed to improve diets by ensuring greater food access and resilience. Additional incomes will in turn increase local spending and demand for local products, including food, and can make the difference in ensuring dietary diversity for the poor. When appropriately designed, social protection can enhance small producers’ resilience and productive resources, thereby enabling production and productivity increases, both on- and off-farm, expediting the transition ‘from protection to production’. It is therefore crucial to ensure effective complementary measures to also promote productive investments and greater resilience.

Local food supplies have often been threatened by natural and man-made disasters (e.g., increasing extreme weather phenomena, global warming, desertification, diminishing

water soils, higher food prices, greater price volatility, violent conflicts, etc.) exposing vulnerable populations to greater food insecurity and malnutrition. ‘Safety net’ interventions can be crucial in addressing temporary food supply shortfalls during such humanitarian emergencies while ensuring equitable access especially for the most vulnerable. It is important to include nutrient-dense food items other than cereals in such schemes to address micronutrient deficiencies. But while nutrition supplements are clearly needed in such circumstances, food based dietary diversity remains the main sustainable solution to address undernutrition, including ‘hidden hunger’.

Priority actions on social protection

- *Implement appropriately designed, country-owned, development-oriented, social protection programmes. Policy options and suggested actions include:*
 - *Cash and food transfers and other forms of social protection that improve diets by improving food access and resilience, also increase local spending, and enhance small producers’ productive resources, thereby enabling production and productivity increases, both on- and off-farm.*
 - *Public employment guarantee schemes providing paid work (often for unskilled manual labourers) have been used by some governments to significantly improve incomes, especially for rural women, infrastructure and community services.*
 - *Public food distribution schemes. The impact of in-kind food transfers has been considerably higher than cash transfers where food is not available on the market, particularly in emergency contexts, as cash transfers can have an inflationary effect, resulting in further local food price increases. Food distributed through those schemes should be nutritionally adequate.*
 - ☰ *Special attention needs to be given to the ‘first 1000 days’ when vulnerability to nutritional deficiencies is greatest. Well-targeted interventions can have significant results. But follow up during the next 1000 days, before most children attend school, also deserves more attention.*
 - *Social protection ~~can be~~ designed to maximize positive impacts. For example, school feeding programmes ~~cannot~~ only ensure dietary diversity is achieved with the daily school meal, but also induce higher school attendance and small farmers to cooperate to supply needed food produce on a regular basis, ensuring higher incomes, greater community cooperation as well as supply of healthier foods in local markets.*
 - *Improved ~~targeting~~, using a nutrition lens to identify individuals, households and/or communities who are most nutritionally vulnerable, ~~may help~~.*
 - *Ensuring universal coverage.*

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3.3 Health

The health sector has a vital role to play in delivering better nutrition. Increasingly, however, health systems are 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 undernutrition, as well as to prevent and treat the recurrent infections which can aggravate malnutrition. In addition, health systems also have to deal with the long-term health needs generated by overweight and obesity and NCDs – including diabetes, cancer and cardiovascular disease – to which it contributes. Actions to address multiple forms of malnutrition have been illustrated in the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition endorsed by the WHA in 2012.¹⁷ Governments also need to continue to work towards the objectives of the Global Action Plan for the Prevention and Control of Non-communicable Diseases to ensure that their health systems are able to respond to the growing NCD challenge to which malnutrition contributes.

For health systems to be able to deliver improvements in nutrition, it is essential that there is access to health services for all, including the most marginalised and most vulnerable. To this end, achievement of universal health coverage (including financial risk protection, access to essential health care services and access to safe, effective and affordable essential medicines and vaccines for all) has to be integrated into the post-2015 development agenda. 

Priority actions for health systems

- *Nutrition should be fully integrated into each of the building blocks of health systems. This includes, for example, the strategies for human resources, essential medicines, governance, information and monitoring, health system financing, and service delivery.* 

3.3.1 Delivery of effective nutrition interventions

To improve maternal, infant and young child nutrition WHO has set out a package of effective direct nutrition interventions.¹⁸ In order to deliver better nutrition through health systems, Member States could integrate these proven nutrition interventions which are relevant for the country into maternal, child and adolescent health services and ensure universal access.

¹⁷ World Health Organization. *Comprehensive implementation plan on maternal, infant and young child nutrition*. Geneva, 2014.

¹⁸ World Health Organization. *Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition*. Geneva, 2013.

In developing policy and programmes, special attention to the nutrition of mothers, infants and young children is imperative. The 1,000 days is critical and has a lasting impact on the survival, health and development of the human individual.¹⁹

Investment in, and scaling up of, nutrition-specific interventions is required in three key areas: optimal infant and young child feeding, addressing micronutrient deficiencies and improving maternal nutritional status before and during pregnancy. Urgent action is needed to scale up interventions to address acute and chronic malnutrition (stunting) in children and anaemia in children, adolescent girls and women of reproductive age.

Severely wasted children are estimated to be on average 11 times more likely to die than their healthy counterparts. It is estimated that 51 million children under-five years are wasted (according to the reference population weight-for-height) in the world at any point in time, with 17 million estimated to be severely wasted. Globally, only around 14% of wasted children are currently being reached by treatment services, in some countries this percentage is considerably lower. These statistics are of serious global concern given the well-established link between wasting and mortality.

Priority actions to address wasting

- *Improve the identification, measurement and understanding of wasting.*
- *Encourage and commission research to better understand the links between wasting and stunting, to ensure maximum leverage is realised from the current investments in nutrition programming.*
- *Develop improved methods and linkages of wasting identification and treatment, both within the health sector and cross-sectorally.*
- *Rapidly develop evidence for effective prevention strategies to reduce the burden of wasting, which can then be translated into policy actions.*

Stunting is a well-established risk marker for poor child development. Specifically, stunting before age two predicts poorer cognitive and educational outcomes in later childhood and adolescence and has important education and economic consequences at the individual, household and community levels. ~~It has been estimated that stunted children earn 20% less as adults compared to non-stunted individuals.~~ Stunting begins *in utero*, and it results from a complex web of household, environmental, socioeconomic, political and cultural influences. The problem therefore requires that direct nutrition

¹⁹ In 2012, the World Health Assembly adopted a Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition to meet the global nutrition targets to be achieved by 2025. The 1,000 Days Partnership brings together stakeholders from different sectors to promote targeted action to improve nutrition during this critical window, and action on the 1,000 day period is also at the heart of other global initiatives, such as the Scaling Up Nutrition (SUN) movement and the UN Secretary General's Zero Hunger Challenge.

interventions be integrated and implemented in tandem with nutrition-sensitive interventions to achieve maximal benefits.

Priority actions to address stunting



- *Enact policies and/or strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls (weekly iron and folate supplementation, prevention and treatment of infections and nutrient supplementation during pregnancy and maternity protection policies for pre- and postnatal care).*
- *Protect and promote exclusive breastfeeding in the first six months to provide “secure” nutrition and protect infants from gastrointestinal infections.*
- *Promote consumption of healthy, diversified diets including high-quality, nutrient-rich foods in the complementary feeding period (six to 23 months).*
- *Improve micronutrient intake through food fortification, including complementary foods, and use of supplements when and where needed.*
- *Foster safe food storage and handling practices to avoid infections from microbial contamination and mycotoxins and strengthen community-based interventions to protect children from infections (diarrhoea and malaria), intestinal worms and environmental causes of sub-clinical infection through improved water, sanitation and hygiene.*
- *Incorporate linear growth assessment in child health routines to provide critical, real-time information for target setting and progress monitoring.*
- *Integrate nutrition in health promotion strategies and strengthen service delivery capacity in primary health care.*

Anaemia impairs health and wellbeing in women, and 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. A number of nutrition and nutrition-sensitive interventions (including prevention of infection and reproductive healthcare) can be used for anaemia control and can be delivered through the health system.

Priority actions to address anaemia in women of reproductive age

- *Provide iron and folic acid supplementation to pregnant women.*
- *Provide intermittent iron and folic acid supplementation to menstruating women.*
- *Encourage production of nutrient rich foods for the populations vulnerable to anaemia.*
- *Encourage local production of fortified foods, e.g., fortified flour, oil, salt.*
- *Promote local production of bio-fortified food.*
- *Ensure provision of healthy food in schools and pre-schools.*
- *Provide nutrition education in schools.*



- *Implement social marketing for use of fortified foods, iron supplementation and deworming.*

3.3.2 Delivery of health interventions with an impact on nutrition

As well as delivery of nutrition interventions that directly impact on nutrition, health systems also have an important role to play in delivering other health interventions that have an impact on nutrition. These include interventions to prevent and treat the infections that aggravate, and can be aggravated by, nutrition and interventions to meet women's reproductive health needs to help break the intergenerational cycle of malnutrition.

Prevention and treatment of infectious diseases

Frequent bouts of infectious diseases such as diarrhoea are an important cause of child undernutrition, helping to explain why high rates of 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,²⁰ including hookworm infestation and schistosomiasis – contribute to the high prevalence of iron deficiency anaemia in some areas.²¹ Infestations with worms (schistosome and soil-transmitted helminths) 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.

Efforts to effectively prevent and treat such infectious diseases thus play a crucial role in policies and programmes to tackle undernutrition. While prevention measures are needed to reduce the frequency of infections, actions to reduce the intensity of infections with effective treatment and by strengthening immune systems are also required.

WHO has developed a comprehensive package of public health measures for iron deficiency and anaemia in countries with high levels of iron deficiency and anaemia, malaria, helminth infections and schistosomiasis.²²

²⁰ See http://www.who.int/neglected_diseases/diseases/en/ for WHO's list of 17 neglected tropical diseases.

²¹ World Health Organization/Unicef/United Nations University. *Iron deficiency anaemia: Assessment, prevention and control*. Geneva, 2001.

²² World Health Organization. *Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition*. Geneva, 2013.

Priority actions for preventing infection

- *Ensure universal access to insecticidal nets, provision of long-lasting insecticidal net to pregnant women and infants, preventive malaria treatment for pregnant women, periodic deworming for children and zinc supplementation for children with diarrhoea.*

Reproductive health and family planning

Access to sexual and reproductive health services, including family planning is critical for all women to be able to realize their reproductive rights. Such access is also important for the health and nutrition of mothers and their babies, and can play an important role in breaking the intergenerational cycle of malnutrition 

Adolescent pregnancy is associated with a higher risk of stillbirths, neonatal deaths, preterm birth and low birth weight.²³ Women who have very closely spaced pregnancies²⁴ are more likely to have maternal anaemia and preterm or low birth weight babies.²⁵ Strategies to prevent adolescent pregnancy are, therefore, required through, for example, prevention of child marriages by changing local norms, values and legislation. Measures to encourage pregnancy spacing are also needed  lack of access to sexual and reproductive rights is only one element of the challenge associated with the poor status of women and girls in society.

Priority actions on reproductive health and family planning

- *Ensure access to sexual and reproductive health services for all women.*
-  *Quality services such as family planning to become more nutrition-sensitive. Measures to prevent adolescent pregnancy and to encourage pregnancy spacing are particularly important.*

3.3.3 Breastfeeding

Breastfeeding ensures nutrition that is adequate in quantity and quality, ~~affordable, acceptable, appropriate and readily available from local sources on a continuing basis~~  WHO specifically recommends early initiation of breastfeeding and exclusive breastfeeding for the first six months of life, followed by nutritionally adequate and safe complementary feeding while breastfeeding continues for up to two years of age or beyond.

²³ Source: Maternal and child undernutrition. *Lancet*, 2008, 71(9608): 270–273. (<http://www.thelancet.com/series/maternal-and-child-undernutrition>).

²⁴ Within six months of the previous live birth or pregnancy.

²⁵ Source: Maternal and child undernutrition. *Lancet*, 2008, 71(9608): 270–273 (<http://www.thelancet.com/series/maternal-and-child-undernutrition>).

A number of key global instruments are available to help Member States to protect, promote and support breastfeeding. These include the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions (referred to as the Code).

Priority actions on breastfeeding

- *Implement the Global Strategy on Infant and Young Child Feeding, the Comprehensive Implementation Plan on Maternal Infant and Young Child Nutrition.*
- *Implement measures to regulate marketing of breastmilk substitutes and to end inappropriate promotion of foods for infants and young children.*
- *Implement policies and practices to improve maternity protection.*



4 Nutrition education for behaviour change



While Transpose and implement into domestic legislation the International Code of Marketing of Breast-milk Substitutes and the WHO recommendations on the marketing of breast-milk substitutes and diverse of foods and non-alcoholic beverages to children

important. Nutrition education and information are important elements for empowering consumers to make healthy dietary choices. Behaviour change interventions can help improve infant feeding, care and hygiene practices. There is also a role for behaviour change interventions to reduce food waste and contribute to the sustainable use of resources. Governments, international organizations, the private sector and civil society should not only help consumers make healthier decisions, reduce waste and contribute to the sustainable use of resources, but, as they themselves are also actors in the food system, they also need to lead by example and make substantial behaviour changes for better nutrition outcomes.

Dietary guidelines provide recommendations about the right amounts and combinations of foods in the form of simple dietary advice for the public and to assist in developing popular communication materials to ensure that the guidelines are used effectively. In addition to their role in education, national dietary guidelines should guide trade, agricultural, food security and environmental policies, besides setting dietary standards in institutional settings such as schools, kindergartens, workplaces and other institutional settings where meals are regularly provided.

Schools are an excellent setting for promoting healthy eating as schoolchildren are at a critical age in forming good dietary habits. Incorporation of food and nutrition knowledge and skills into primary and secondary schooling is recommended.

Nutrition information given to farming households can inform better decisions about food grown and how to grow them. Household food gardens in both rural and urban areas can be a vital complement to commercial food production with great potential for

improving household food consumption. Health, agriculture and education ministries should coordinate their advice so that farming communities make healthier food produce available, e.g., by procuring food from small farmer cooperatives for dietary diverse school feeding programmes.

The role of health services in delivering nutrition education needs to be enhanced. Dietary counselling should be integrated into primary healthcare services. Essential prerequisites for this approach include a functioning health system and the inclusion of nutrition and nutrition counselling techniques in the training curricula of health workers.

People need clear and accurate information to be able to make healthy choices. Nutrition labelling, and strict oversight of nutrient and health claims, is essential to enable informed choice. The evidence suggests that simple, front-of-pack or point-of-purchase labels on packaged foods, or in grocery stores, vending machines, eating places, including menu labelling to support healthier options, can be beneficial.

Nutrient profiling has been used as a tool to qualify the nutritional value of individual foods and help consumers make healthy choices, as well as governments design schemes to control food marketing and label food products.

Promoting behaviour change through nutrition education and information campaigns within a supportive environment that also addresses household sanitation and appropriate complementary foods has proved effective.²⁶ Even in locations where undernutrition and micronutrient deficiencies persist as the primary problems, a forward-looking approach that can prevent a rise in overweight and obesity is necessary, especially in the long run.

Nutrition education and promotion, face-to-face backed up by innovative communication approaches, including mass media, for adolescent girls and women, not only mothers but also fathers and other caregivers, need to be improved and scaled up to ensure greater outreach. Promoting exclusive breastfeeding for the first six months of life is imperative and intensive complementary feeding education is called for.

Promotion of improved hygiene practices, including hand washing with soap at critical times, has been identified as an important behaviour change intervention.

Nutrition education should be promoted. There is an urgent need for developing and deploying professional capacities in nutrition education to ensure more effective education for nutrition in the health, agriculture, education and other sectors.

²⁶ FAO. *The state of food and agriculture 2013*. Rome, 2013.

3.3.5 Access to safe water, adequate sanitation and hygiene

Diarrhoea is the second leading cause of death in children under five – killing around 760,000 children under five each year²⁷ – and contributes to nutritional deficiencies, reduces resistance to infections and impairs growth and development.

Poor access to safe water and adequate sanitation are key determinants of diarrhoea. Around 748 million people still rely on unsafe drinking water sources, including 173 million who get their drinking water directly from rivers, streams or ponds.²⁸ Water is a valuable natural resource and an integrated approach to transforming food systems should also be aiming to reduce water use. Although almost two billion people gained access to improved sanitation between 1990 and 2012, over one billion people still resort to open defecation, the riskiest sanitation practice.²⁹

Measures to improve living conditions present, therefore, a vital opportunity to prevent diarrhoeal disease, thereby tackling malnutrition.



Priority actions on water, sanitation and hygiene

- *Invest in and commit to the achievement of universal access to safe drinking water, ensuring access to adequate sanitation and hygiene and promoting improved hygiene practices.*

3.3.6 Food safety and antimicrobial resistance

National authorities should provide an appropriate regulatory environment for food suppliers to operate responsibly and supply safe food. All food suppliers should cooperate to minimize the negative impact on nutritional well-being caused by contaminated food. Governments should therefore establish, implement and enforce effective systems of food control to ensure the safety of food supplies by:

- Ensuring the safety of domestic and imported food supplies.
- Ensuring cross-sector participation by the health, agriculture and trade sectors in decision making for safe, quality foods and coordinating implementation of preventive programmes

²⁷ See WHO factsheet on diarrhoeal disease (Fact sheet No. 330, April 2013), <http://www.who.int/mediacentre/factsheets/fs330/en/>

²⁸ Data for 2012. Source: United Nations. *The Millennium Development Goals Report 2014*. New York, 2014.

²⁹ United Nations. *The Millennium Development Goals Report 2014*. New York, 2014.

Antimicrobial drugs are essential for both human and animal health. ~~While their use in food-producing animals/crops is critical to farmers and for economic development,~~ their misuse has led to the dissemination of antimicrobial resistant micro-organisms to humans via food. Antimicrobial resistance (AMR) has emerged as a major global public health concern and indeed a global food safety issue. AMR is intimately linked to food production systems and the agro-ecological environments.

Addressing AMR therefore requires a “One Health Approach”, understanding the pathways and drivers of AMR emergence at the interface between human, animal, and agri-food ecosystems in order to inform the development and implementation of effective preventive approaches. Over the past decade, there have been significant developments at the international level to address AMR with several initiatives been led by FAO, WHO and OIE. However, significant challenges still remain in translating internationally accepted guidelines into appropriate policies and actions at national level.

Priority actions on antimicrobial resistance

Core actions at national level to combat AMR arising from the use of antibiotics in food-producing animals include:

- Raise awareness of AMR and the urgency of addressing this issue.
- Establish a multisectoral national committee to combat AMR with representatives from the health and agriculture sectors, and other relevant ministries and authorities.
- Terminate non-therapeutic use of antimicrobials, such as the use of antimicrobials as growth promoters.
- Restrict or eliminate the use in food-producing animals of antimicrobials identified as critically important in human medicine, especially the use of fluoroquinolones, and third-and fourth generation cephalosporins.
- Develop national integrated surveillance programmes (involving close collaboration between public health, veterinary and food laboratories) to monitor current and emerging AMR.
- Develop and implement national guidelines on prudent use of antimicrobials in food-producing animals, with multidisciplinary involvement, taking into consideration antimicrobials categorized as critically important for human medicine by WHO.
- Introduce measures to improve animal health, and to reduce the need for antimicrobial treatment, including application of effective vaccines.
- Identify and update the prevalence of and trends in AMR to inform decision making.

4.4 International trade and investment

Trade and cross-border investment agreements – multilateral, bilateral and regional – define the international framework of rules within which countries apply national trade and investment policies. Trade policies, in turn, effect the food environment, influencing food prices, availability, access and consumption as well as nutrition outcomes, involving food safety, food security and dietary options.

Minimally, trade policies and agreements should ‘do no harm’ to nutrition. Trade and investment policies should be coherent with and not undermine national nutrition strategies. Trade policy should support nutrition policy and not restrict the ability to implement effective nutrition policies. The public health exception to intellectual property rights includes innovations in nutrition. Food supplies should not be the subject of export sanctions.

The availability of and access to healthy foods should be ensured through nationally appropriate combinations of imports and domestic production, and investments in food production, especially by smallholders. There should be effective incentives for farmers to produce sufficient healthy foods (e.g., fruits and vegetables) to be sold at affordable prices. The availability of and access to unhealthy foods should be effectively regulated and discouraged. International standards in regulations for nutrition content to promote compliance with nutrition requirements should be established, implemented and enforced.

4 ACCOUNTABILITY MECHANISMS

In order to monitor the actions that different actors will take following the ICN2 and their impact, a monitoring and accountability framework will be defined through an inclusive process, in agreement with existing nutrition initiatives and processes, by June 2015. It will include agreed targets and indicators to monitor implementation and follow-up of the outcomes of the Rome Declaration on Nutrition adopted by ICN2 for eradicating hunger and all forms of malnutrition and to improve nutrition for all.

Based on the framework, biannual reports will be produced and international meetings will be held to guide interventions at international, regional and national levels, and to maintain coherence and alignment with existing nutrition processes and mechanisms.

FAO and WHO will set up a global trust-fund to mobilize resources from Members and other partners to implement, monitor and evaluate progress on the commitments of the Rome Declaration and the Framework for Action at international, regional and national

levels over the next decade. The trust fund will produce a biannual report on the status of funds received and expenditures incurred.

4.1 Responsibility for action

The commitments of the Rome Declaration on Nutrition as well as the recommendations of the Framework for Action need to be converted into priority actions in accordance with the situation in each country and should be supported by appropriate and effective actions at the international level. Taking these into account, governments should prepare and update national plans of actions, establish priorities, set time frames and identify the necessary human and financial resources. Strategies for achieving commitments may vary from country to country.

4.1.1 National level

Within the context of the national plans of action on nutrition developed or updated, governments should formulate, adopt and implement strategies and programmes to achieve the recommendations of the Framework for Action, taking into account their specific problems and priorities. In particular, ministries of food, health, agriculture, trade, social welfare, education, employment, information, consumer affairs and planning should formulate concrete proposals for their sectors to contribute to promoting better nutrition. Governments at the local and provincial levels, as well as civil society and the private sector, should be encouraged to participate in the process.

All programmes aimed at improving the nutritional well-being of the people, in particular of groups at greatest risk, should be supported by the allocation of adequate human and financial resources to ensure their sustainability.

Governments, industry and academic institutions should increase their contributions to the development of research to improve the scientific and technological knowledge base against which food, nutrition and health problems can be analysed and solved; public and private efforts should also be directed to training the appropriate personnel needed in all relevant sectors.

Governments should periodically report on the implementation of their national plans of actions with clear indications of how vulnerable groups are faring, and the corrective measures to be taken.

4.2 International level

International agencies – multilateral, bilateral and nongovernmental – are urged to define, in the course of 2015, steps through which they can contribute to achieving the commitments set out in the Rome Declaration and Framework for Action, including the

promotion of improved partnerships, better governance mechanisms, policy coherence and coordination, and strengthened cooperation among countries.

FAO, HLTF, IFAD, IFPRI, SUN, UNESCO, UNICEF, UNSCN, the World Bank, WHO, WFP and WTO as well as other relevant UN and other international organizations should, in the course of 2015, decide on ways to give appropriate priority to their nutrition-related policies, strategies, programmes and activities aimed at ensuring the vigorous and coordinated implementation of activities recommended in the Rome Declaration and Framework for Action. This would include, as appropriate, increased assistance to Members. Specifically, FAO and WHO should strengthen and coordinate, within available resources, their policies, strategies and programmes for accelerating progress on nutrition, taking into account the recommendations of this Framework for Action.

The regional offices of UN organizations and regional intergovernmental organizations are requested to collaborate on and to facilitate the implementation and monitoring of the Framework for Action by supporting regional and interregional cooperation, especially among developing countries.

Regional institutions for research and training, with appropriate support from the international community, should establish or reinforce collaborative networks in order to foster the human resource development needed – particularly at the national level – to implement the Framework for Action, to promote inter-country collaboration and to exchange information on the food and nutrition situation, technologies, research results, implementation of nutrition strategies, policies and programmes, and resource flows.

FAO and WHO, together with other UN agencies, have a special responsibility for follow-up. FAO and WHO will continue providing evidence for the definition of a healthy diet, for the identification of effective actions to address the multiple forms of malnutrition, and propose appropriate implementation tools, monitoring and assessment frameworks. All concerned UN partners are urged to strengthen their collaborative and cooperative mechanisms in order to fully participate at international, regional, national and local levels in achieving the objectives of the Framework for Action.

5 RECOMMENDATIONS FOR FOLLOW-UP

During 2014-2015, the Framework for Action will be submitted for endorsement by the FAO Council, the World Health Assembly and the United Nations General Assembly (UNGA). Thereafter, there will be periodic reporting to the UNGA on progress in implementing the Framework.

The governing bodies of FAO, WHO and other relevant international organizations are specifically requested to give consideration during 2015 to determine ways and means of strengthening their capabilities for implementing the Rome Declaration and Framework for Action. FAO and WHO are requested to consider the inclusion of periodic reports on overall follow-up to ICN2 in the agendas of FAO regional conferences and WHO regional committee meetings.

As the leading specialized agencies of the UN system in the fields of food, nutrition and health, FAO and WHO are requested to jointly prepare, in close collaboration with other UN partners, a consolidated report on implementation of the Rome Declaration and Framework for Action and also on its implementation by member countries and other international organizations for review by their governing bodies by 2019.

At the national level, governments are urged to appoint or strengthen existing nutrition focal points to coordinate efforts by line ministries and other stakeholders to improve people's nutrition, including the following:

(a) prepare, as early as possible, and not later than 2015, an assessment of their national policies, strategies, plans and programmes with reference to the commitments in the Rome Declaration and Framework for Action, based on analyses of country situations and developed with the active participation of all relevant ministries, local governments and communities, nongovernmental and research organizations and the private sector; as appropriate, establish a process for revision within the following two years.

(b) mobilize and allocate adequate financial, technical, human and institutional resources necessary for implementing policies, strategies, plans and programmes for improving nutrition.

(c) prepare, where appropriate, specific proposals for research priorities and capacity building, establishing links between government, non-governmental sectors, appropriate organizations and academic institutions.

(d) disseminate to the public, including parliamentary bodies, information on the principles and objectives of the Rome Declaration and Framework for Action as well as on progress made.

(e) strengthen collaboration with civil society, community agencies, focal private sector representatives and citizens on the design and implementation of national action plans.

UN organizations and other concerned parties are requested to prepare and disseminate information to the public on the Rome Declaration and Framework for Action and their involvement in follow-up actions.

An Intergovernmental Panel on Nutrition (IPN), composed of national high-level nutrition experts, could be established in 2015 to provide the world with a clear scientific view on the current state of knowledge on nutrition issues. The IPN should review and assess the most recent scientific, technical and socio-economic information produced worldwide relevant to understanding nutrition. It would provide rigorous and balanced scientific information to decision makers and is not expected to conduct any research or to monitor nutrition data.

The ICN2 should be viewed as part of the wider process to eradicate hunger and undernutrition, especially in developing countries, and to reverse the increasing incidence of diet-related communicable and non-communicable diseases.