



# INTERNATIONAL CONFERENCE ON NUTRITION



## World Declaration and Plan of Action for Nutrition

Rome, December 1992



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## WORLD DECLARATION ON NUTRITION

1. We, the Ministers and the Plenipotentiaries representing ... States at the International Conference on Nutrition (Rome, December 1992), declare our determination to eliminate hunger and to reduce all forms of malnutrition. Hunger and malnutrition are unacceptable in a world that has both the knowledge and the resources to end this human catastrophe. We recognize that globally there is enough food for all; inequitable access is the main problem. Bearing in mind the right to an adequate standard of living, including food, contained in the Universal Declaration of Human Rights, we pledge to act in solidarity to ensure that freedom from hunger becomes a reality. We also declare our firm commitment to work together to ensure sustained nutritional well-being for all people in a peaceful, just and environmentally safe world.

2. Despite appreciable worldwide improvements in life expectancy, adult literacy and nutritional status, we all view with the deepest concern the unacceptable fact that about 780 million people in developing countries - 20% of their population - still do not have access to enough food to meet their basic daily needs for nutritional well-being.

3. We are especially distressed by the high prevalence and increasing numbers of malnourished children under five years in parts of Africa, Asia, and Latin America. Moreover, more than 2 000 million people, mostly women and children, are deficient in one or more micronutrients: babies continue to be born mentally retarded as a result of iodine deficiency; children go blind and die of vitamin A deficiency; and enormous numbers of women and children are adversely affected by iron deficiency. Hundreds of millions of people also suffer from food-borne and water-borne communicable diseases. At the same time chronic non-communicable diseases related to excessive or unbalanced dietary intakes afflict many, in both developed and developing countries.

4. [We pledge to continue the process to declare an International Decade of Food and Nutrition].

5. We recognize that poverty and lack of education are the primary causes of hunger and undernutrition. There are poor people in most societies who do not have adequate access to food, safe water and sanitation, health services and education, which are the basic requirements for nutritional well-being.

6. We commit ourselves to ensure that development programmes and policies lead to a sustainable improvement in human welfare, respect the environment and give us better nutrition and health for present and future generations. We must also implement at community, national and international levels, coherent agriculture, food, nutrition, health, education, population, environmental, economic and social policies and programmes to achieve and maintain balance between the population and available resources. The need to feed additional people imposes an ever increasing demand upon agricultural production and natural resources.

7. Slow progress in solving nutrition problems reflects the lack of human and financial resources and institutional capacity in many countries needed to assess the nature, magnitude and causes of nutrition problems and to implement concerted programmes to overcome them. Basic and applied scientific research, as well as food and nutrition surveillance systems, are needed to more clearly identify factors that contribute to the problems of malnutrition and to identify the ways and means to eliminate these problems particularly for women, children and aged persons.

8. In addition, nutritional well-being is hindered by the continuation of social, economic and gender disparities; discriminatory practices and laws; floods, drought, desertification; and in many countries inadequate budgetary allocations for agriculture, health, education and other social services.

9. Wars and civil disturbances, as well as human rights violation and inappropriate socio-economic policies, have led to tens of millions of refugees,

displaced persons, war-affected non-combatant civilian populations, and migrants who are among the most nutritionally vulnerable groups. Resources for caring for and rehabilitating them are often extremely inadequate and nutritional deficiencies are common. All responsible parties should ensure the safe and timely passage of food and medical supplies to those in need.

10. Rapidly changing world conditions and reduction of international tensions will give us an opportunity as never before to redirect our resources increasingly towards productive and socially useful purposes for ensuring the nutritional well-being of all people, especially the poor, deprived and vulnerable.

11. We recognize that nutritional well-being of all people is a condition for the development of societies and that it should be a key objective of progress in human development. It must be at the centre of our socio-economic development plans and strategies. Success is dependent on fostering participation of the people and the community and multisectoral actions at all levels taking into account their long-term effects. Shorter-term measures to improve nutritional well-being may need to be initiated or strengthened to complement the benefits arising from longer-term development efforts.

12. Policies and programmes must be targeted towards those most in need. Our priority should be to implement people-centered policies and programmes that raise the productive capacity and incomes of the rural and urban poor, and strengthen their capacities to care for themselves. We must support and promote initiatives by people and communities, and ensure that the poor participate in decisions that affect their lives. We fully recognize the importance of the family unit in providing adequate food, nutrition and a proper caring environment for meeting the physical, mental, emotional and social needs of children and other vulnerable groups, including the elderly. We undertake to strengthen and promote the family unit as the basic unit of society.

13. The right of women and adolescent girls to adequate nutrition is crucial. Their health and education must be improved. Women must have increased access to and control of resources. It is particularly important to provide family

planning services and to provide support for women, especially working women, throughout pregnancy and breast-feeding.

14. Food aid should be used to assist in emergencies when necessary, and to support, where appropriate, household food security and community development. Care must be taken to avoid creating dependency, and to avoid negative impacts on local food production and marketing. When food aid is reduced or discontinued, steps should be taken to alert recipient countries well in advance so that they can identify alternative sources and implement other approaches. Where appropriate, more food aid should be channelled through non-governmental organizations with local and popular participation.

15. [Food must not be used as a coercive political tool].

or

[We reaffirm our obligations under international humanitarian law, including the Geneva Convention, to give special emphasis to the protection of civilian populations, including their need for food].

or

[We reaffirm our obligations as nations and as an international community under international humanitarian law, to protect and respect the needs for nutritionally adequate food and medical care for civilian populations situated in zones of conflict].

16. We reaffirm the objectives for human development, food security, agriculture, rural development, health, nutrition and environment and sustainable development, enunciated at a number of international conferences and

documents.<sup>1</sup> We reiterate our commitment to the nutritional goals of the Fourth United Nations Development Decade and the World Summit for Children.

17. We recognize that access to food is a right of each individual and that each nation has the prime responsibility for promoting the nutritional well-being of its people, and especially to protect vulnerable groups. However, we also stress that such efforts of low-income countries should be supported by actions of the international community as a whole. Such actions should include an increase in official development assistance in order to reach the accepted United Nations target of 0.7% of the GNP of developed countries. Also, renegotiation or alleviation of debt could contribute in a substantive manner to the nutritional well-being in medium- as well as in low-income countries.

18. In this context, we acknowledge the vital importance of further liberalization and expansion of world trade, which would increase foreign exchange earnings and employment in developing countries. Compensatory measures may be needed to protect adversely affected developing countries and certain vulnerable groups in low-income countries from any negative effects of trade liberalization and structural adjustment programmes.

19. We pledge to make all efforts to reduce substantially within this decade:

- starvation and famine;
- widespread chronic hunger;
- undernutrition, especially among children, women and aged;
- micronutrient deficiencies especially iron, iodine and vitamin A deficiencies;
- diet-related communicable and non-communicable diseases;

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<sup>1</sup> The World Food Conference, 1974; the Alma Ata Conference on Primary Health Care, 1978; the World Conference on Agrarian Reform and Rural Development, 1979; the Convention on the Elimination of All Forms of Discrimination Against Women, 1979, especially articles 12 and 13; the Montreal Policy Conference on Micronutrient Malnutrition, 1991; the Rio Declaration on Environment and Development, 1992.

- impediments to optimal breast-feeding;
- unsafe drinking water.

20. We resolve to promote active cooperation among governments, multilateral, bilateral, and non-governmental organizations, the private sector, communities and individuals to eliminate progressively the causes that lead to the scandal of hunger and all forms of malnutrition in the midst of abundance.

21. With a clear appreciation of the intrinsic value of human life and the dignity it commands, we adopt the attached Plan of Action and affirm our determination to revise or prepare, before the end of 1994, our national plans of action based on the principles and strategies in the attached Global Plan. We pledge to implement it.

# PLAN OF ACTION FOR NUTRITION

## I. INTRODUCTION

### 1. General

1. Despite considerable progress in the recent decades, the world still falls far short of the goal of adequate food and nutrition for all. Over 780 million people do not have enough food to meet their basic daily needs mainly in Africa, South Asia and Latin America. More than two billion people subsist on diets that lack the essential vitamins and minerals required for normal growth and development and to prevent premature death and disabilities such as blindness and mental retardation. At the same time hundreds of millions suffer from chronic diseases caused or exacerbated by excessive or unbalanced dietary intakes or from consumption of unsafe food and water.

2. Eradicating hunger and malnutrition is within the reach of mankind. Political will and well-conceived policies and concerted actions at national and international levels can have a dramatic impact on these nutrition problems. Many countries, including some of the poorest, have adopted and taken measures to strengthen food, nutrition, agriculture, education and health and family welfare programmes which have dramatically reduced hunger and malnutrition. The current challenge is to build upon and accelerate the progress already made.

3. This global Plan of Action is designed to provide guidelines for governments, acting in partnership with non-governmental organizations, the private sector, local communities, families and households and the international community, including international organizations, multilateral financing institutions and bilateral agencies, to achieve the objectives of the World Declaration on Nutrition adopted by the International Conference on Nutrition. It contains recommendations on policies, programmes and activities resulting from an intensive ICN consultative process involving country level preparations of

national plans and regional consultations involving country representatives. It also represents the drawing together of a wide range of expert opinion from around the world on the many facets of problems which must be vigorously attacked to achieve proper nutritional status for all on a sustainable basis. Thus, this Plan of Action builds upon preceding work and represents a major step in preparing and implementing national nutrition improvement plans in coming years.

4. Coherent and effective action at local, national and international levels for achieving nutritional well-being is imperative. However, resources, needs and problems vary between and within countries and regions of the world. Therefore, the situation in each country and region needs to be assessed in order to set priorities for formulating specific national and regional plans of action, giving tangible expression to policy level commitments to improve the nutritional well-being of the population. This should entail considering nutritional impacts of overall development plans and in all relevant sectoral development policies and plans. These plans should identify short- and long-term priority areas for action; specify goals, which should be quantified where feasible, to be achieved within specified time-frames; delineate the roles of relevant government ministries, local communities and private institutions; and, as appropriate include estimates of resources that are required. The plans should take into account the goals set forth in the World Declaration on Nutrition, and be formulated by governments with the active participation of academic and local communities, NGOs and the private sector.

## 2. Overall objectives

- **Ensuring continued access by all people to sufficient supplies of safe foods for a nutritionally adequate diet**

5. To achieve satisfactory nutritional status, it is essential to ensure continued access to sufficient supplies of a variety of safe foods at affordable prices so that all people, especially the poor and vulnerable groups, can have nutritionally adequate diets. This is an issue of supreme importance to many millions of people worldwide who currently suffer from persistent hunger,

malnutrition and micronutrient deficiency diseases, and to others who are at risk of doing so in the future.

- **Achieving and maintaining health and nutritional well-being of all people**

6. Good nutritional status is dependent upon each person having desirable intakes of macronutrients and micronutrients, combined with adequate health and care, as well as availability of safe drinking water. Nutritional status also depends on having access to sufficient knowledge about appropriate diets to prevent problems of undernutrition and of diet-related non-communicable diseases. Well-nourished people are both the result of successful development and contributors to it. Nutritional well-being should be adopted as a key objective in human development and must be at the centre of development strategies, plans and priorities.

- **Achieving developmental goals that are sustainable, environmentally sound and contribute to improved nutrition and health**

7. Development policies and programmes in developed and developing countries should be sustainable and environmentally sound and lead to improved nutrition and health for both present and future generations. Equally important is the implementation of agricultural, food, health, family welfare, population, education and development policies that will achieve and maintain a balanced relationship between population needs and available resources.

## II. MAJOR POLICY GUIDELINES

- **Commitment to promoting nutritional well-being**

8. Each country should make a firm social, economic and political commitment to achieve the objective of promoting the nutritional well-being of all its people as an integral part of its development policies, plans and

programmes in the short and long run. At the same time, agriculture, health, education and all other relevant sectors and ministries should consider and, where possible, incorporate nutrition objectives into their plans, programmes and projects. They should also strengthen their capacity to foster public awareness and social responsiveness as well as to implement and monitor the progress of these programmes and projects. Equally necessary is ensuring coordination through adequate mechanisms to harmonize, promote and monitor programmes of different ministries, NGOs and the private sector to improve nutritional status.

- **Environmentally sound and sustainable development**

9. Assuring access to adequate and safe food supplies, health care, education and related services can and must be achieved using sustainable measures which are environmentally sound. This requires careful planning and utilization of natural resources to meet the nutritional and other needs of the growing world population on a lasting basis without jeopardizing the capacity to meet the needs of the future generations. Providing incentives and motivating farmers to adopt sustainable and efficient practices are essential.

- **Growth with equity: the need for both economic growth and equitable sharing of benefits by all segments of the population**

10. Development strategies to reduce poverty and ensure better nutrition for all, should be oriented to achieve economic growth with equity, ensure social justice and protect and promote the well-being of all, particularly of vulnerable groups in developing countries. Policies which discriminate against people on racial, religious or other grounds militate against social justice. All people in all societies must have equitable access to economic opportunities, adequate and safe food, healthy living conditions and health services, clean water, sanitation, and education and related services since these are basic requirements for nutritional well-being.

- **Priority to the most nutritionally vulnerable groups**

11. Infants, small children, pregnant and nursing women and the elderly within poor households are the most nutritionally vulnerable groups. Priority must be given to protecting and promoting their nutritional well-being. Towards this end, their access to adequate care within the household and to health, education and other basic social services, such as through maternal and child health (MCH) clinics, should be ensured. Special attention must be given to the nutritional, health and educational needs of female children and adolescents which have often been overlooked in the past. Other vulnerable groups that may require particular care and services to ensure their nutritional well-being include indigenous populations, refugees and displaced persons, and the disabled.

- **Focus on Africa**

12. The dramatic deterioration of the nutrition situation in Africa is of serious concern, and demonstrates the vulnerability of much of the African population. This calls for tangible and sustained support from the international community. In this context support should be given to the proposal[s] for combating drought and desertification adopted by the United Nations Conference on Environment and Development in 1992 [and for the launching of a Decade for Food and Nutrition in Africa].

- **People's Participation**

13. Local community involvement, including of families and households, is a prerequisite for improving food production and sustaining access to food, and for adequate nutrition improvement programmes and projects. The importance of the informal sector in the processing and distribution of food should be recognized. Special efforts must be made to ensure the genuine participation of all the people, particularly the poor and the marginalized, in the decisions and actions that are of concern to them in order to improve self-reliance and assure positive results. All relevant sectors of government should act in concert with communities and NGOs. Community involvement should lie not only in their indicating their

perceived priorities but also in planning, managing and evaluating community-based interventions. Communities must be empowered to achieve sustained nutrition development.

◦ **Focus on women**

14. Women are inherently entitled to adequate nutrition in their own right as individuals. They need to constantly balance their reproductive, nurturing, educational and economic roles which are so important to the health and nutritional well-being of the household and the entire community. Indeed, they are the main providers of meals, care, and nutrition information in the household and have a fundamental role in assuring improved nutritional status for all. They are also the main producers of food in many poor societies. Special attention should be given to the nutrition of women during lactation and pregnancy. All forms of discrimination including detrimental traditional practices against women must be eliminated in accordance with the 1979 Convention on Elimination of All Forms of Discrimination Against Women. Equality between men and women should be promoted, and in order to relieve the workload of women their responsibilities should be shared by other members of the household. Equity in the allocation of food between girls and boys must be promoted. Women and girls should be afforded equitable access to family resources and to educational and training opportunities. Legal measures should guarantee women's equal participation in the development process by ensuring their access to productive resources, markets, credit, property and other family resources. Women and men should have equal access to programmes on family life education which among other things would enable couples to plan the spacing of their children. In addition to improving education of women, and in view of the role of men in controlling resources and in determining the nutritional status of household members, the nutrition education of men and boys should be enhanced.

◦ **Development of human resources**

15. Nutritional well-being is a prerequisite for the achievement of the full social, mental and physical potential of the population so that all people can lead

fully productive lives and contribute to the development of the community and the nation. This implies development of people through improving access to food supplies, health, education and social services. It is also necessary to develop and strengthen capacities for planning, managing and evaluating activities, as well as for providing services, through the training of adequate numbers of personnel, in relevant disciplines including in food and nutrition sciences. It is also necessary to strengthen the teaching of nutrition in medical faculties and other schools of health sciences.

• **Population policies**

16. Population policies need to have a pride of place in the strategy for ensuring adequate nutrition for all, at all times. Countries should devise appropriate population policies, programmes and services to achieve fertility rates which are in consonance with their natural resource endowment and are sustainable to meet the needs of their current and future generations. FAO, WHO and other international organizations are encouraged to actively participate in the World Conference on Population to be held in Cairo, Egypt in September 1994.

• **Promoting nutritional well-being through strengthened economic and technical cooperation among countries**

17. Increased economic and technical cooperation among countries can be of particular importance in promoting nutritional well-being. Regional discussions as part of the preparations for the ICN have highlighted the value of increased cooperation among developing countries and within regions in tackling common problems, in learning from each other's experiences and, where possible, in channelling regional resources to regional problems in the spirit of economic and technical cooperation among developing countries. Such cooperation exists in many regions and must be strengthened with appropriate support from international organizations. Increased economic and technical cooperation among developed and developing countries is also essential.

• **Allocating adequate resources**

18. For achieving the objective of nutritional well-being, it is essential to provide adequate financial, technical and in-kind resources for implementing necessary programmes and projects. Each country should therefore make all efforts to allocate the resources needed for this purpose. As some of the programmes might need resources which are currently beyond the capacity of many developing countries, the international community, particularly bilateral agencies, multilateral financing institutions and international organizations, should support country efforts in this direction. Further liberalization and expansion of world trade, renegotiation or alleviation of debt, and increased official development assistance, bearing in mind the accepted United Nations target of 0.7% of GNP of developed countries (of which 0.15% should be for Least-Developed Countries), are important ways in which the international community can assist. Economic assistance measures should be designed in such a way that they do not undermine the long-term financial and economic stability of a recipient country.

### **III. INTERSECTORAL ISSUES**

19. Improved nutrition requires coordinated activities by many government ministries such as agriculture, food, health, water and public works, supplies, planning, finance, industry, education, information, social development and trade. It also requires cooperation with universities and research institutions; food producers, processors and marketers; the health care community; educators at all levels; the media and non-governmental organizations involved in all of these sectors. Hence national intersectoral coordination mechanisms are needed to ensure concerted implementation, monitoring and evaluation of policies, plans and programmes. Community involvement is imperative in all aspects of planning and execution of nutrition improvement activities.

20. Many cross-cutting issues must be addressed in policies and programmes to improve nutrition, with close cooperation and coordination by all [and drawing

upon international and national legal instruments in nutrition advocacy and promotion]. Among these are:

- (a) the institutional aspects of creating, building and strengthening government, community and private infrastructure to address nutritional problems, with special attention to management and training skills;
- (b) strengthening educational systems and social communication mechanisms to improve and implement nutritional knowledge, especially at the individual, family and community levels;
- (c) using mass media to increase awareness and promote better nutrition;
- (d) strengthening relevant research on identified problems and developing effective interventions through, *inter alia*, building institutional capacity and providing adequate financial support to research;
- (e) carrying out a wide range of nutrition training in agriculture, health, and education sectors; and
- (f) creating better monitoring and surveillance systems related to food, nutrition, health and education and mechanisms to assure positive policy and programme responses to surveillance and monitoring.

21. These common and essential issues are discussed as appropriate in the thematic areas in the following section of this Plan of Action.

#### IV. STRATEGIES AND ACTIONS

22. The basic goal of protecting and promoting nutritional well-being for all will be achieved only through a combination of policies involving various sectors at various levels of responsibility. Based on the world-wide consultations in preparation for the ICN, actions to be considered by governments in their efforts to improve nutrition are presented below. These are grouped under eight action-oriented themes which allow each sector and actor to determine how they could best address nutritional problems.

##### **1. Incorporating nutritional objectives, considerations and components into development policies and programmes**

23. Significant improvements in nutrition can result from incorporating nutritional considerations into the broader policies of economic growth and development, structural adjustment, food and agricultural production, processing and marketing, health care, education and social development. Such policies have an impact on nutrition through food availability and prices, incomes, environmental conditions and health status, care and feeding practices and other socio-economic factors. Development policies and programmes can also have different impacts on the nutritional well-being of different population groups.

24. Efforts to improve nutritional well-being should be based on the recognition that improved human welfare in harmony with the environment and nature is the primary goal of social and economic development. While a population's nutritional status is determined by an array of social, economic, environmental and biological factors which affect its ability to acquire, consume and effectively utilize food adequate for its needs, a healthy well-nourished population is also essential for successful social and economic development. Improving nutrition should thus be seen both as a goal of development in its own right and as a means of achieving it. Recognizing that sustainable development of food and nutrition security needs to be addressed simultaneously with economic growth, governments should, in collaboration with all parties concerned:

- (a) Analyse the effects of macro-level policies and sectoral or integrated development plans on nutritional well-being, especially of the most vulnerable population groups. This would entail the elaboration of a common understanding of the relative importance of various determinants of nutritional status for different population groups, and of how various policies may affect nutrition through their impacts on food security, health status, care and feeding practices.
- (b) Increase awareness among policy-makers and planners of the extent and severity of nutritional problems and of their causes, the economic benefit of interventions and of how activities under their control can affect nutritional status of different socio-economic groups.
- (c) In countries where it is appropriate to do so, incorporate clear nutrition goals and components in national development policies and sectoral plans, programmes and projects, particularly in the areas of food and agriculture, animal husbandry, fisheries, forestry, rural and urban development, commerce infrastructure, credit, water and sanitation, health, education, environment and social welfare; and adopt benchmarks of success with clear time-frames and clear budget allocations, as appropriate.
- (d) In countries where reliance is primarily placed upon the operation of the market as a mechanism for coordination of production and consumption of food, develop education and communication systems so as to facilitate achievement of nutrition objectives through influencing the pattern of consumer demand. Encourage development of social welfare policies which enable the more vulnerable population groups to exercise informed dietary choice.
- (e) Develop or strengthen the technical capacities and institutional mechanisms within each relevant ministry and at intermediate

levels of government for identifying nutritional problems and their causes and for improving the planning, management and evaluation of programmes and development projects that affect nutrition. Strengthen links with appropriate research and training institutions.

- (f) Establish flexible national mechanisms to promote integration and coordination of policy decisions and collaborative actions among various sectors.
- (g) Encourage and support the full involvement of communities and the participation of the people in the identification of their own nutritional problems in the course of their ongoing development activities and to focus on those that improve nutrition.
- (h) Encourage the private sector, including small-scale producers and processors, industry and non-governmental organizations, to promote nutritional well-being by considering the impact of their activities on nutritional status.
- (i) Assess the nutritional impact of new development programmes and projects to clearly identify the potential benefits or risks to nutritional well-being, particularly among vulnerable population groups.
- (j) Use indicators of nutritional well-being to monitor progress in social and economic development, and establish appropriate mechanisms for regularly providing information on the population's nutritional status and factors affecting it, especially that of vulnerable groups, to policy-makers and planners and all interested sectors, both private and public.
- (k) Incorporate elements of nutrition education in school curricula starting from primary school levels where appropriate.

(l) With a view to improving nutrition, direct additional investments where necessary into agricultural research to:

- address the problem of seasonality through diversification in food production, including fruits and vegetables, livestock, fishery and aquaculture;
- promote environmentally sound and economically viable farming systems to increase crop production and maintain soil quality to encourage resource management and resources recycling;
- encourage the development of safe biotechnology in animal and plant breeding and facilitate exchanges of new advances in biotechnology related to nutrition;
- develop techniques that decrease post-harvest crop losses and improve food processing, storage and marketing;
- propose and disseminate technologies which do not increase the work burden of women;
- improve extension services to cooperate more effectively with farmer and consumer communities in identifying research needs;
- improve training methods at the international, national and local levels to ensure dissemination of new technologies;
- address the needs of small and poor farmers including those dependent on poor quality or fragile land;
- develop technology and systems applied to small-scale agriculture.

25. International, bilateral, and regional agencies should assist and strengthen national capabilities to incorporate nutritional considerations into national development in countries where it is appropriate to do so.

## 2. Improving household food security

26. Food security is defined in its most basic form as access by all people at all times to the food needed for a healthy life. Achieving food security has three dimensions. First, it is necessary to ensure a safe and nutritionally adequate food supply both at the national level and at the household level. Second, it is necessary to have a reasonable degree of stability in the supply of food both from one year to the other and during the year. Third, and the most critical, is the need to ensure that each household has physical and economic access to enough food to meet its needs. This means that each household has the knowledge and the ability to produce or procure the food that it needs on a sustainable basis. In this context attention to properly balanced diets which supply all necessary nutrients and energy without leading to overconsumption or waste should be encouraged. It is also important to encourage proper distribution of food within the household among all its members.

27. The right to an adequate standard of living, including food, is recognized in the Universal Declaration of Human Rights. Food security should be a fundamental objective of development policy as well as a measure of its success. Household food insecurity affects a wide cross-section of the population in both rural and urban areas. The food insecure socio-economic groups may include: farmers, many of them women, with limited access to natural resources and inputs, landless labourers, rural artisans, temporary workers, homeless people, refugees and displaced persons, immigrants, the indigenous people, small-scale fishermen and forestry workers, pastoralists, female-headed households, unemployed or underemployed people and the urban poor. Increasing the productivity and incomes of these diverse groups requires adopting multiple policy instruments and striking a balance between short-term and long-term benefits. The choice of policies must be attuned to the characteristics of a country's food security problem, the nature of the food-insecure population, resource availability, and infra-structural and institutional capabilities at all levels of government and communities. Breast-feeding is the most secure means of assuring the food security of infants. Policies and programmes to promote this practice should be strongly encouraged.

28. Bearing the above in mind, in countries where the food chain is not secure and household food insecurity is a problem, governments, non-profit organizations, the private sector and international organizations should work in a collaborative manner to:

- (a) Adopt development strategies to create conditions for economic growth with particular focus on poverty alleviation, food security, and sustainable agricultural systems.
- (b) Strike an optimal balance between macro-economic policy objectives and food security needs; minimize possible adverse impact of structural adjustment programmes on the food security of the poor; and where some negative effects are unavoidable, introduce appropriate transitory measures to alleviate the hardships. Governments and international organizations should promote programmes which will increase food production and agricultural trade so that poor countries and poor segments of the population have improved access to food. International lending practices should be re-examined and long-term action must be planned to maintain food supplies at levels necessary to meet the needs of a growing world population.
- (c) Adopt policies and programmes for strengthening local leadership, including gender training; enhancing community involvement; promoting people's participation; developing rural areas to stem rural-urban migration; and empowering women, both as producers and consumers, realizing that women and women's organizations are often very efficient and cost-effective in improving household food security.
- (d) Adopt special productivity enhancing programmes with a view to reducing costs and increasing and stabilizing production and incomes of the poor; such programmes could include improving access by small-scale producers to inputs, credit and other

essential services, as well as to markets through improved infrastructure. The role of agricultural cooperatives and effective extension services in increasing production and producer incomes should be stressed.

- (e) Improve access to work opportunities or production factors for urban and rural workers, female heads of households, those employed in the informal sector, and unemployed and underemployed people, by stimulating the creation of jobs, increasing their skills and providing credit on easy terms, and increasing the availability of improved technologies, other inputs and means of production.
- (f) Improve access to land and other natural resources by introducing and implementing agrarian reforms, and in particular, through effective implementation of tenancy reforms, promotion of efficient utilization of agricultural resources and resettlement in new lands, wherever feasible. Such actions must be taken in full compliance with applicable international laws and agreements.
- (g) Increase employment opportunities, particularly in rural areas, by encouraging the private sector to augment such opportunities in agriculture, industry, handicraft and business.
- (h) Stabilize food supplies through adequate stockholding in the form of strategic food security reserves as a first line of defence in emergencies; improve post-harvest handling, packaging, storage, preservation, transport and distribution of food to reduce losses at all stages; enhance animal health and production possibilities including fish farming and attention to fisheries resources; ensure a stable supply of fuel for cooking meals; carry out research and introduce measures to improve production, utilization and preservation of indigenous and traditional foods; improve rural food processing technologies; increase at the village, cottage and

industrial levels marketing facilities to smooth food supply flow throughout the year; introduce a variety of cropping strategies, such as crop rotation, mixed cropping, biological inputs, planting of perennial fruit-bearing trees and develop other agro-forestry approaches; ensure an adequate supply of clean and safe water; promote household and community gardens; and ensure the sustainability of food supplies through use of production and marketing systems based on safe and renewable resources that protect the environment and biodiversity.

- (i) Improve emergency preparedness planning through: effective early warning and other information systems; food security reserves; preparation of contingency plans of action to meet emergencies; enhancing the entitlement of the affected people through, for example, public works programmes; and introduce measures to prevent natural disasters through, for example, irrigation schemes, flood control schemes, etc. In this respect, the international community can play an important role by providing timely and well-targeted food aid, and other assistance, particularly in the form of food-for-work programmes and for rehabilitation. Food aid should not interfere with or be considered as a substitute for local food production. The special needs of refugees and displaced persons should be given priority attention in food aid programmes, and would include people affected by wars, civil unrest or natural disasters. Food supplies provided should strive to meet minimal nutritional requirements. Non-governmental organizations can also provide significant help through early warning, food and nutrition surveillance schemes, nutrition education, resource mobilization and action-oriented programme implementation.
  
- (j) Strengthen food-related assistance programmes so that they reach the population in need without disrupting the local economy including food production and marketing. Such programmes could include food distribution systems, particularly for the poor and

unemployable, and income transfer schemes such as targeted food subsidies, food stamps and feeding programmes for vulnerable groups with a view to promoting nutritionally adequate diets; in particular, introduce self-targeting food distribution and income transfer schemes for foods which are consumed primarily by the poor by locating public food distribution centres in those areas where the poor live, taking into account that these populations should be able to select nutritionally adequate diets from the range of foods available.

- (k) Strengthen the coping mechanism of the household to meet emergencies by improving its capacity to protect itself from the impact of emergency through, for example: household and community food storage; group savings and credit schemes; diversification of income and employment sources; and, improved marketing infrastructures. Action could also include helping the household when the emergency occurs through, for example, supply of seeds for growing short-term crops, provision of food aid, livestock feed and water and when the emergency is over by introducing rehabilitation measures to help the household to recover from adverse effects of the emergency.
  
- (l) Adopt or strengthen a public sector policy for supporting labour-intensive public works programmes and programmes to reduce geographical isolation, especially in sub-Saharan Africa where priority actions are needed to quickly alleviate acute nutritional problems. Labour-intensive infrastructure programmes are one among several valuable instruments to improve employment, income and access to food. They transfer and stabilize benefits, thus decreasing the risk of consumption shortfalls among the poor, and could strengthen needed infrastructure such as roads, to enable better trade and movement of foods from rural to urban centres, promote resource conservation or irrigation and land development, or combat problems such as desertification.

- (m) Encourage necessary research by governmental, international and private institutions to promote household food security through better food production, handling and storage and prevention of food losses, crop and genetic diversity, and food processing, preservation and marketing. Research should be included on household handling of food and intra-family food distribution to assure adequate food availability and to protect nutritional food value and prevent food losses and wastage. Such research can enhance rural employment and promote the role of women, in particular, in all aspects of food production processing and marketing. Research should also be carried out on appropriate cost-effective indicators to measure household food security problems and to measure progress of appropriate programmes in solving those problems.
  
- (n) Promote better general and nutritional education to eliminate illiteracy and improve knowledge in the selection of a safe and adequate diet and of techniques for food production, processing, storage and handling at all levels, and especially at the household level. Programmes should be directed to household leaders, with particular focus on women, and should also include home economics education for both boys and girls. There should be an increased awareness of the benefits of limiting household size through family planning practices. The role of mass media in delivering positive nutrition improvement messages and eliminating harmful food taboos should be emphasized. It is important to develop and carry out public information campaigns to improve the quality of nutrition through the better use of available food supplies by the households and to promote the recognition that each individual member of households should be able to share fairly in available food resources irrespective of sex, age, or other individual characteristics.

- (o) International financial and specialized agencies should give high priority to assisting countries with their programmes for strengthening household food security; such support will be in the nature of increased investment in production enhancement projects like irrigation, soil fertility improvement, soil and water conservation; intensification of agriculture, and support to countries undertaking structural adjustment. Assistance should also include technology transfer to developing countries to improve food production and processing while protecting intellectual property rights as appropriate; the training of personnel at all levels; and the establishment of a suitable economic environment to improve the competitiveness of developing countries.

### **3. Protecting consumers through improved food quality and safety**

29. A safe food and water supply of adequate quality is essential for proper nutrition. The food supply must have appropriate nutrient content and must be available in sufficient variety and quantity. It must not endanger consumer health through chemical and biological contamination, and it must be presented honestly. Food safety and quality control ensures that desirable characteristics of food are retained during its production, handling, processing, packaging, distribution and preparation. This promotes healthy diets, reduces food losses and promotes domestic and international food trade. Food quality encompasses the basic composition of foods and aspects concerning food safety. Consumers have the right to a good quality and safe food supply, and government and food industry actions are needed to assure this. Effective food quality and safety control programmes must include legislation, regulation and standards together with systems for effective inspection and compliance monitoring including laboratory analysis. Governments, in close collaboration with other interested parties, should where appropriate:

- (a) Enact and strengthen comprehensive food laws to cover the control of food quality and safety with a view to protecting the health of

consumers and ensuring sound production, good manufacturing and fair trade practices. Where laws exist they should be regularly reviewed and updated, as appropriate, for better consumer protection.

- (b) Establish regulations to protect the consumer from unsafe, low quality, adulterated, misbranded or contaminated foods. Regulations should include provisions for minimum acceptable levels of food quality and safety, for differences in the ways in which food is produced, processed, packaged, labelled and stored as well as for the conditions under which it is presented and purveyed. Food regulations should also cover the fortification of foods with micronutrients. Food regulations should fully take into account the recommended international standards of the Codex Alimentarius Commission. Food labels should be clear and easy to understand and attention should be given to harmonized labelling requirements and better information on nutrient analysis and food composition is needed for this task. False or misleading claims in food labelling or advertising should be carefully controlled. FAO and WHO should encourage greater developing country involvement in Codex activities and review avenues to facilitate such participation.
- (c) Give high priority to establishing food safety and quality control infrastructures including food inspection, sampling and laboratory facilities to enforce the law and regulations and to ensure that food products comply with applicable requirements for domestic consumption or export.
- (d) Give consumer and producer organizations rights of consultation with advisory and decision-making bodies, provide access to information, and facilitate participation in establishing standards for food safety, quality control and labelling. Also, establish or strengthen mechanisms to resolve consumer problems with the

food supply. Cooperation should be fostered among the food sector, government and consumers.

- (e) Establish effective working relationships with the food industry, including producers, processors and purveyors of food, in order to ensure that food industry quality control systems are adequate to secure compliance with requirements of the law and regulations. Primary responsibility for production, manufacturing and distribution of the food supply rests with the farming, agricultural processing and retailing sectors. Thus the food industry should provide safe, wholesome, nutritious and palatable foods so that the health of consumers is protected.
- (f) Support international and multilateral efforts to extend and enhance food standards and food-labelling programmes. International technical assistance should be provided to improve developing country food safety and quality programmes for domestic markets and international trade.
- (g) Develop the human resources required for designing, implementing and monitoring food quality control systems. Education and training are essential for farmers in the handling of agro-chemicals and for food handlers, both commercial and domestic.
- (h) Take into account existing international agreements on the marketing and distribution of agrochemicals, such as the International Code of Conduct on the Distribution and Use of Pesticides.
- (i) Promote the development of sustainable agriculture practices and integrated pest management, and strengthen research and extension programmes that help facilitate their adoption. Techniques that help reduce the use of agricultural chemicals should be encouraged.

- (j) Support consumer education to contribute to an educated and knowledgeable public, safe practices in the home, community participation and active consumer associations. FAO and WHO should provide member countries with food quality and safety material for use in consumer education programmes.
- (k) Encourage research to develop ways of improving sanitary conditions and safety of street foods.
- (l) Develop surveillance and monitoring programmes for food-borne disease and contaminants.
- (m) Ensure that foods for emergency feeding programmes for refugees and displaced persons be of good quality and safe for consumption. Mechanisms should be established to monitor specific problems such as pest infestation, contaminants and age of products.

#### **4. Preventing and managing infectious diseases**

30. The interaction of infection and malnutrition has an overwhelming impact on health status, in particular in lower socio-economic groups. It is a major cause of death, sickness and disability in infants and young children as well as an important contributor to ill-health and reproductive problems of women. Preventing, controlling and correctly managing infections improves nutritional well-being and markedly enhances the productivity of the adult population. Governments, in cooperation with all concerned parties, should:

- (a) Adopt or strengthen, as appropriate, measures to ensure that safe food and safe water supplies are readily available in sufficient quantities, provide adequate environmental sanitation for all, and take measures to improve waste disposal systems.

- (b) Prevent food-borne and water-borne diseases, and other infections in infants and young children, by encouraging women to breast-feed exclusively during the first four to six months of life.
- (c) Promote sound weaning practices by encouraging the use of nutritionally adequate, safe and appropriate locally available foods.
- (d) Provide or strengthen, as appropriate, general education and specific nutrition and health information for communities, parents and individuals which enable them to provide safe and adequate diets and effectively prevent and manage infections. This would include providing training and information on food, sanitation and general health care, particularly management of diarrhoea, and on dietary needs throughout the lifespan including periods of illness for relevant health, agriculture and other extension workers at all levels.
- (e) Prevent, control, eliminate and/or eradicate infectious, parasitic and other communicable diseases, including those spread by animal vectors, by improving the environment and ensuring adequate primary health care services, including immunization programmes and extending AIDS prevention and control programmes to all populations.
- (f) Encourage intersectoral collaboration between agriculture, health, and other relevant sectors to control and prevent infectious diseases. Close collaboration with the non-governmental organizations and private sector should be ensured.
- (g) Ensure and support nutrition management where shown to be effective, in the prevention and reduction in severity of infectious diseases.

## **5. Caring for the socio-economically deprived and nutritionally vulnerable**

31. Care refers to the provision in the household and community of time, attention, support, and skills to meet the physical, mental and social needs of socio-economically deprived and nutritionally vulnerable groups. Among these groups, the growing child is the most vulnerable, but other vulnerable groups include women, the elderly, refugees, displaced persons, indigenous people, the landless, the mentally and physically disabled, the unemployed, recent immigrants and such socially deprived persons as orphans, children in difficult circumstances, etc. Those individuals who are most at risk of malnutrition are those who are both physiologically vulnerable and socio-economically deprived. Countries should recognize that the skills and abilities of the caregiver, who is usually the mother, are crucial to the quality of care, particularly the selection and preparation of food for the family, including for the mother herself, the children and other dependents.

32. In general, the provision of care is primarily a responsibility of the family. However, society also has an obligation to assist those who cannot care for themselves. The role of government should be to provide a supportive environment for family and community-based care and to provide direct services when additional care is needed. Care within the family includes support during and after pregnancy, breast-feeding, providing security, reducing child stress, providing shelter, clothing, feeding and bathing, preventing and treating illness and showing affection and respect. Care facilities outside the family include curative and preventive health clinics, prenatal and maternal care, traditional healers or members of extended family networks, community and government social and economic support systems and programmes for income generation. Caring should recognize the dignity and rights of vulnerable people. Actions to improve the care of the socio-economically deprived and nutritionally vulnerable will be most successful if they are sensitive to the particular needs and traditions of a local community and respond to their particular needs. Governments are encouraged to work in a collaborative manner with local community groups, the

private sector and non-governmental organizations. Governments, in cooperation with other concerned parties should:

- (a) Ensure that all infants and young children, particularly children in difficult circumstances, have access to adequate well-balanced and safe diets, health care and education to enable the attainment and maintenance of full physical and mental growth potential and proper nutritional status. Care for the girl child should form an integral part of such efforts.
- (b) Enhance the legal and social status of women from birth onwards, ensuring them respect and equal access to caring, education, training, land, credit, equity in wages and remuneration and other services including family planning services, and empower them economically to have better control over the resources of the family.
- (c) Promote support to caregivers to preserve their physical and mental health and enhance their skills and knowledge to improve nutrition. Decrease women's workload by supporting research and extension services on time and energy saving devices, where applicable.
- (d) Adapt nutrition, health and educational support services to adolescent girls and boys to prepare them to fulfil their future roles as well-nourished, productive adults and parents.
- (e) Prepare and motivate adult males and fathers to encourage their full participation and responsibility for the nutritional well-being and support of their families, as well as being sensitive to women's needs in protecting and promoting family well-being.
- (f) Foster the recognition of the contribution that the elderly make to the household and community activities. Promote caring of the

elderly through traditional forms of family support and introduction of special measures where needed.

- (g) Provide care for disabled individuals to enable them to reach their potential and become self-supporting to ensure their opportunities in education, employment and housing.
- (h) Enhance the nutritional status of the indigenous people through development and implementation of culturally acceptable strategies which involve the community.
- (i) Encourage and foster community awareness, organization and leadership to promote and ensure its own nutritional development including adequate care of its vulnerable household and individuals, such as female-headed households.
- (j) Enhance food and nutrition programmes directed to urban poor and especially street children.

33. Breast-feeding provides the child with ideal nutrition. Together with its many beneficial effects, such as those on child spacing and the prevention of disease, it is the most inexpensive form of infant feeding. All women should have the opportunity to breast-feed their babies exclusively for four to six months, and, while giving appropriate supplementary food, continue breast-feeding for up to two years or beyond, if they so wish and it is locally appropriate. In order to give women a real possibility to choose to breast-feed, governments should:

- (a) Enable mothers to breast-feed and adequately care for their children, whether formally or informally employed, or doing unpaid work; ILO conventions and regulations covering this subject may be taken as a starting point for the States that agree with these conventions and regulations.

- (b) Make all efforts to have maternity facilities take part in the "Baby Friendly Hospital Initiative" of WHO and UNICEF, incorporating the good practices described in the Joint Statement of WHO/UNICEF on protection and promotion of breast-feeding through improved maternity services.
- (c) Encourage and support collaboration between health care systems and mother support networks, if necessary by promoting the establishment of mother support groups.
- (d) Take actions to give effect to the International Code of Marketing of Breast-Milk Substitutes, as adopted by the 1981 World Health Assembly.
- (e) Ensure that health- and other care providers get high quality training in breast-feeding issues, using updated training material, and that they are informed about relevant national marketing regulations or policies.
- (f) Ensure as far as possible that information disseminated on infant and young child feeding is consistent and in line with current scientific knowledge, and take steps to counteract misinformation on infant feeding.
- (g) On any question regarding breast-feeding and HIV infection, refer to the latest WHO/UNICEF guidelines.

34. Among refugees and displaced populations, high rates of malnutrition and micronutrient deficiencies associated with high rates of mortality continue to occur. The magnitude of the problem has grown worse over the last decade. Increased political commitment and accountability for the protection and promotion of the nutritional well-being of refugees and displaced populations is urgently required. Governments, in collaboration with the international community, should:

- (a) Provide sustainable assistance to refugees and displaced persons, and work to ensure their nutritional well-being, giving high priority to controlling diseases and preventing malnutrition and outbreaks of micronutrient deficiency diseases in camps. Wherever feasible such assistance should encourage their ability to support themselves rather than increase their dependence on external assistance. The food provided should be nutritionally adequate and safe.
- (b) Identify, within civilian populations situated in zones of conflict, refugees and displaced populations, groups needing special care including the disabled, the elderly, children and mothers and other nutritionally vulnerable groups in order to plan for the provision of their special needs.
- (c) Promote the basic human rights of refugees and displaced persons.
- (d) Ensure a rapid and appropriate response by improving communications with the international community as well as non-governmental organizations.
- (e) Work to ensure safe and timely passage of food and medical supplies to those in need in conflict zones, using "corridors of tranquillity" where available.
- (f) Ensure assistance to refugees coming back to their home countries, until they are reintegrated into society.
- (g) Make efforts to develop policies to ensure stability so as to avoid massive migration of refugees and displaced persons which causes additional pressure on any community.

## **6. Preventing specific micronutrient deficiencies**

35. Micronutrient deficiencies are a matter of major public health concern. They are widespread, although the prevalence of a particular deficiency can vary considerably within and between countries. Deficiencies of vitamin A, iodine and iron are especially important because of their serious health consequences, wide geographic distribution and the existing global commitment for their control.

36. Vitamin A deficiency and its consequences of blindness, death, poor growth and increased severity of infections, are fully preventable, making its control one of the most effective child health and survival strategies that governments can undertake. Over one-fifth of the world's population live in areas of iodine deficiency. It is the most common preventable cause of mental retardation. Additional consequences are reproductive failure, increased mortality, goitre, and economic stagnation. Children and women are particularly vulnerable. The means for its correction are readily available and provide an exciting opportunity for its elimination as a public health problem by the year 2000. Iron deficiency and/or anaemia is the most common micronutrient deficiency and especially affects young children and women of reproductive age. Uncorrected anaemia can lead to learning disability and an increased risk of infection and diminished work capacity and to death of women in pregnancy and at childbirth. Thus, iron deficiency has an impact on all segments of society.

37. Deficiencies of micronutrients such as folate and other B-complex vitamins, vitamin C, selenium, zinc and calcium have significant health impact and may merit increased attention by governments in countries where deficiencies exist.

38. Recognizing the required international, regional and national resources, coordination and support, governments, in collaboration with international agencies, non-governmental organizations, the private sector/industry, other expert groups and the community, should adopt an appropriate combination of the following strategies:

- (a) Assess the extent and epidemiology of micronutrient deficiencies and develop a national policy for prevention based on their distribution, cause, severity of deficiency and available resources.
- (b) Accelerate efforts to achieve the virtual elimination of vitamin A and iodine deficiencies and reduction of iron deficiency in accordance with the Year 2000 goals of the World Summit for Children, and the Montreal Conference on Micronutrient Malnutrition.
- (c) Formulate and implement programmes to correct micronutrient deficiencies and prevent their occurrence, giving priority to sustainable food-based approaches that encourage dietary diversification through the production and consumption of micronutrient-rich foods, including appropriate traditional foods. In addition, processing and preservation techniques should be promoted at the community and other levels when micronutrient-rich foods are available on a seasonal basis.
- (d) Implement the most appropriate combination of the following measures: dietary diversification, improved food availability, food preservation, food fortification, food and nutrition education and training, supplementation, and pertinent public health measures such as primary health care, promotion of breast-feeding and safe drinking water. International and regional cooperation should be encouraged on sharing of resources to enable economies of scale.
- (e) Ensure that sustainable food-based strategies are undertaken as first priority particularly for vitamin A and iron deficient populations. Supplementation of intakes on a short-term basis with vitamin A, iodine and iron may be required to reinforce dietary approaches in severely deficient populations utilizing, when possible, primary health care services. Supplementation should be targeted towards the appropriate vulnerable groups, especially women of

reproductive age (iodine and iron), infants and young children, the elderly, refugees and displaced persons. Supplementation should be progressively phased out as soon as micronutrient-rich food-based strategies enable adequate consumption of micronutrients.

- (f) Ensure and legislate for the fortification of foods or water, when feasible, with necessary micronutrients when existing food supplies fail to provide adequate levels in the diet. Where iodine deficiency is a significant public health problem require the iodization of salt for both human and livestock consumption recognizing that this is the most effective long-range measure for correcting iodine deficiency.
- (g) Ensure that nutrition education and training programmes are implemented to provide information on proper food preparation and other factors that affect micronutrient status, especially of the young and to promote the consumption of foods that are rich in micronutrients.
- (h) Strengthen micronutrient surveillance capabilities and activities by devising indicators to monitor the above strategies for achieving national goals related to coverage, compliance and effectiveness in targeted populations.
- (i) Support research on the role of micronutrients on health and disease, on developing inventories and food composition tables of existing and potentially significant food sources including green and yellow vegetables and fruits, palm oil and other locally available food sources of micronutrients, on weaning foods, on factors affecting bioavailability of nutrients in food, on indigenous methods of food processing and preparation affecting micronutrient availability, on nutrition education, and on improving existing techniques for the assessment and correction of micronutrient deficiencies.

- (j) Develop sustainable institutional capacities and human resources, including training of professionals, non-professionals and community leaders, in order to achieve the goals of micronutrient deficiency control and prevention.
- (k) Consider coordinating micronutrient deficiency control activities under the direction of a national committee, with the appropriate political support, authority, legislation and infrastructure that reflects national commitment.
- (l) Encourage FAO, WHO and other concerned international agencies and non-governmental organizations, to provide assistance in combating all aspects of micronutrient deficiency problems, including monitoring and surveillance, research and production of micronutrient-rich foods.
- (m) Recognize that refugees and displaced persons, besides being susceptible to iodine, vitamin A and iron deficiencies, are also susceptible to other deficiencies and in particular to vitamin B<sub>1</sub> deficiency (beri-beri), niacin deficiency (pellagra), and vitamin C deficiency (scurvy). Attention must therefore be given by donor countries and involved organizations to ensure that the nutrient content of food used for emergency food aid meets nutritional requirements.

## **7. Promoting appropriate diets and healthy lifestyles**

39. Non-communicable diseases related to unhealthy lifestyles and inappropriate diets are increasing in prevalence in many countries. With higher affluence and urbanization, diets tend to become higher in energy and fat, especially saturated fat, have less fibre and complex carbohydrates and more alcohol. In urban settings exercise and energy expenditure frequently decrease, while levels of smoking and stress tend to increase. These and other risk factors, as well as increased life expectancy, are leading to increasing prevalence of

obesity, hypertension, cardiovascular diseases, diabetes mellitus, osteoporosis, anaemia and some cancers with immense social and health care costs.

40. While generally positive, urbanization, particularly in developing countries, can lead to severe economic and social stresses among poor populations. Often too rapid urban growth results in heavy demands on urban facilities resulting in large numbers of poor people living in crowded slums with limited access to clean water, sanitation facilities, health care and food. Urbanization, particularly rural-urban migration, may also contribute to the fragmentation of society and the breakdown of traditional values and care and feeding practices. Dietary and lifestyle changes following migration to more affluent areas can affect health status in positive and negative ways, often exposing immigrants, particularly minorities, to an increased risk of diet-related noncommunicable diseases. Both primary and secondary prevention of these diseases are important. Governments, together with other groups, should:

- (a) Assess the dietary intake and nutritional status of the population (see section 8 below).
- (b) Assess the strength of evidence between diet and disease in the context of their own situation, taking into account international and other national assessments, and current scientific findings. Consider which dietary targets are appropriate in the context of the prevalence of deficiency and diet-related chronic diseases.
- (c) On the basis of energy and nutrient recommendations, provide advice to the public by disseminating qualitative and/or quantitative dietary guidelines relevant for different age groups and lifestyles and appropriate for the country's population.
- (d) Implement and support the design of appropriate community-based nutrition education programmes in conjunction with appropriate

communication strategies, such as nutrition labelling, that enable individuals and families to choose a healthy diet and give high priority to ensuring that these programmes reach target groups.

- (e) Encourage the adaptation of nutrition and consumer information, and intervention programmes to differences in socio-economic conditions, language barriers and cultural beliefs and attitudes regarding foods, health and disease.
- (f) Promote from an early age a knowledge of food and nutrition, food preparation, healthy diets and lifestyles in the curricula of schoolchildren, teachers, health professionals and the training of personnel involved in agricultural extension.
- (g) Encourage institutionalized food services and the catering sector to provide and promote healthy diets.
- (h) Take appropriate actions to discourage smoking and alcohol abuse.
- (i) Sponsor and promote exercise programmes to all, targeting children and high risk groups, and provide recreation and sporting facilities with the participation of community, public and private organizations.
- (j) Develop comprehensive policies for improved food supplies and nutrition, adapted to local conditions in each country; support and encourage home gardens, traditional food production and consumption patterns that support nutritional well-being.
- (k) Support special nutrition and consumer education, nutrition interventions and follow-up activities for those groups of immigrants who may need special attention.

## **8. Assessing, analysing and monitoring nutrition situations**

41. Information on the nature, extent, magnitude, and severity of different types of nutritional problems and their causes, resources and how they are changing over time, is essential for the development, implementation, monitoring and evaluation of effective policies and programmes to improve nutrition. Information is also needed to provide early warning of impending nutritional emergencies and for on-going programme management. The basic aim should be to provide relevant and accurate information that can be utilized efficiently. Therefore information must be timely, relevant to the decision-makers, and communicated effectively at the appropriate level. These levels range from the individual and household level, through community and national to the international level. Utilization of information may be facilitated by the establishment of specific bodies or mechanisms. Data collection and analysis have costs which must be balanced against the overall resources available for the programme. Governments, in close cooperation with all parties concerned, should:

- (a) Identify the priority nutritional problems in the country, analyse their causes, plan and implement appropriate remedial actions and monitor and evaluate efforts to improve the situation. This would include selecting appropriate indicators and methods for assessing and monitoring problems of food security and undernutrition, micronutrient deficiencies and overnutrition.
- (b) Establish or strengthen data collection, analysis and reporting systems within appropriate institutional frameworks in a sustainable fashion to meet the relevant priority information needs of planners, policy-makers, programme managers and communities as they address nutritional problems.
- (c) Provide basic and on-going training of personnel in relevant ministries and institutions for data collection, analysis, presentation and utilization.

- (d) Make maximum use of existing data sources and information systems to avoid duplication of efforts and to encourage a coordinated multisectoral approach for taking action. Relevant sources of data could be particularly ministries of agriculture, health, education, commerce and trade, finance and planning, and social welfare; and universities; the private sector; and non-governmental organizations. Data could include mortality, morbidity, anthropometric, food availability, food intake, food prices, breast-feeding, food quality and safety, information on knowledge, attitude and practice, family size and income, rainfall, landholding, etc.
- (e) Encourage the development and the use of innovative approaches such as risk mapping, sentinel sites and rapid appraisal techniques for information gathering and utilization. Establish a system of exchange of information between developing countries (South-South) and also between developed and developing countries for training and research.
- (f) Promote community-based information systems to support local problem identification and action.
- (g) Develop and strengthen growth monitoring and promotion, and nutrition surveillance within primary health care systems.
- (h) Promote the strengthening of research and training of manpower in nutrition, especially for food sciences, nutrition, biology, food toxicology, epidemiology, human and social sciences and related interventions.
- (i) Cooperate with other governments, research institutions, non-governmental organizations and international organizations to promote and support regional and international collaboration in food and nutrition information, surveillance and early warning

activities. This should also include capacity building within countries and promoting the establishment of focal points for training and research at national and regional levels.

- (j) Support and encourage, where appropriate, the development and use of local food composition information.

## V. RESPONSIBILITY FOR ACTION

42. The recommendations of the Plan of Action need to be translated into priority actions in accordance with the realities found in each country and must be supported by action at the international level. Taking these into account, governments should prepare national plans of action, coordinated as appropriate with follow-up activities related to the World Summit for Children, establishing priorities, setting up time-frames and, where appropriate, identifying the resources needed and those already available. The strategies to reach the objectives may vary from country to country, and the responsibilities rest with a variety of agents from government institutions to the individual.

### 1. At national level

- (a) Within the context of the national plans of action, governments should formulate, adopt and implement programmes and strategies to achieve the recommendations of the Plan of Action, taking into account their specific problems and priorities. In particular, in countries where it is appropriate to do so, ministries of agriculture, food, health, social welfare, education, and planning, as well as other concerned ministries, should formulate concrete proposals for their sectors to promote nutritional well-being. Governments at the local and provincial levels should be encouraged to participate in the process, as well as NGOs and the private sector.
- (b) All governments should establish appropriate national mechanisms to prioritize, develop, implement and monitor policies and plans

to improve nutrition within designated time-frames, based on national and local needs, and provide appropriate funds for their functioning.

- (c) All sectors of society should be encouraged to play an active role and to assume their responsibility in implementing related components of the national plan of action. Households, communities, NGOs, private institutions - including industry, small-scale producers and women farmers, trade and services as well as social and cultural associations - and the mass media should be mobilized to help individuals and population groups to achieve nutritional well-being in close association with government and technical service sectors.
- (d) Programmes aimed at improving the nutritional well-being of the people, in particular of the groups at the greatest risk, should be supported by allocation of adequate resources by the public and the private sector so as to ensure their sustainability.
- (e) Governments, academic institutions and industry should support the development of fundamental and applied research directed towards the improvement of the scientific and technological knowledge base against which food, nutrition and health problems can be analysed and solved, giving priority to research concerning disadvantaged and vulnerable groups.
- (f) In most countries, high priority should be given to the development of human resources and training of personnel needed in all sectors to support nutrition-related activities.
- (g) National governments, in cooperation with local authorities, non-governmental organizations and the private sector, should prepare periodic reports on the implementation of national plans of actions with clear indications of how vulnerable groups are faring.

**2. At international level**

- (a) International agencies - multilateral, bilateral and non-governmental - are urged to define in the course of 1993 steps through which they can contribute to the achievement of the goals and strategies set up in the Declaration and the Plan of Action, including promotion of new partnerships in economic and technical cooperation among the countries.
- (b) The Governing Bodies of FAO, WHO, UNICEF, the World Bank, UNDP, Unesco, ILO, WFP, UNHCR, and other concerned international organizations should, in the course of 1993, decide ways and means to give appropriate priority to their nutrition-related programmes and activities aimed at ensuring, as soon as possible, vigorous and coordinated implementation of activities recommended in the ICN Declaration and Plan of Action. This would include, as appropriate, increased assistance to the member countries. FAO and WHO, in particular, should strengthen within available resources their programmes for nutritional improvement, taking into account the recommendations in this Plan of Action.
- (c) Regional Offices of UN organizations and regional intergovernmental organizations, are requested to collaborate and facilitate the implementation and monitoring of the Plan of Action.
- (d) Regional institutions for research and training, with appropriate support of the international community, should establish or reinforce collaborative networks in order to foster the human resource development needed, particularly at national level, to implement the Plan of Action; to promote intercountry collaboration; and to exchange information on the food and nutrition situation, technologies, research results, nutrition programmes' implementation and resource flows.

- (e) As leading agencies of the United Nations system in the fields of food, nutrition and health, FAO and WHO are requested to prepare jointly, [every three years], in close collaboration with member countries and the relevant specialized agencies and other UN organs, consolidated reports on the implementation of the ICN Declaration and Plan of Action by Member States and international organizations for review by their Governing Bodies.
- (f) UN agencies have a special responsibility for follow-up. All concerned agencies and organs of the UN system are urged to strengthen their collaborative and cooperative mechanisms in order to fully participate at international, regional, national and local levels in the achievement of the objectives of the Plan of Action. The ACC/SCN should facilitate coordination of these efforts and, in close collaboration with its participating agencies, prepare periodic reports on their activities in implementing the Declaration and the Plan of Action for consideration by the ACC for submission, through ECOSOC, to the UN General Assembly.

## VI. RECOMMENDATIONS FOR THE FOLLOW-UP OF THE CONFERENCE

43. Governments are urged to promote continued work by relevant ministries, the ICN Focal Points, and with other concerned parties, to improve nutritional status, including the following:

- (a) To prepare or improve, as early as possible and not later than the end of 1994, national plans of action and policies based on the principles and strategies enunciated in this Declaration and Plan of Action. These need to be based on an analysis of the country situation and developed with the active participation of all relevant ministries, local governments and communities, non-governmental and research organizations, and the private sector.

- (b) To allocate and mobilize the financial and human resources necessary for implementation.
- (c) To prepare, where appropriate, specific proposals for research priorities and capacity building, establishing links between government, non-governmental sectors, appropriate organizations and academic institutions.
- (d) To develop coordinated intersectoral mechanisms for implementing, monitoring and evaluating the agreed national plan of action.
- (e) To disseminate information to the public, which may include parliamentary bodies, on the principles and objectives of the Declaration and Plan of Action as well as on the progress made and targets reached.
- (f) To strengthen collaboration with NGOs, community agencies, local private sector representatives and citizens in the design and implementation of the country action plan.

44. The international community, including bilateral, international and multilateral agencies and institutions providing capital and/or technical assistance, are urged as soon as possible and to the extent their mandates and resources allow to allocate assured and increased funds to recipient countries, institutions and non-governmental organizations, as appropriate, for the preparation and implementation of national plans of action.

45. The Governing Bodies of FAO and WHO are requested to give specific consideration during 1993 to determine ways and means to strengthen their capabilities towards implementing this Declaration and Plan of Action. FAO and WHO are requested to prepare and disseminate information for the public on the main points of the Declaration and Plan of Action.

46. In conclusion, the ICN should be viewed as a mile-stone in the continuing process to eliminate hunger and malnutrition, especially in the developing countries, and at the same time to prevent the increased incidence of diet-related non-communicable diseases. The ICN preparatory process began in the countries and to be effective, its follow-up must now be firmly anchored in national commitment and efforts to protect and promote the nutritional well-being of all.

