



Invitation to an open discussion on the political outcome document of the ICN2

Comment Form

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

ACTION finds that the health sector could be better integrated into the draft Declaration; for example, the right to health should be included in section 3, and further details on the health sector's critical role in reducing malnutrition are needed throughout the document. ACTION asks for a strong commitment for health systems strengthening to improve the delivery of nutrition services with an eye to integration and alignment of nutrition issues within existing health systems. Likewise, the Declaration must affirm the right to health that is enshrined in the WHO Constitution, defined as the highest attainable standard of health as a fundamental right of every human being—which includes adequate nutrition.

The Declaration currently lacks sufficient detail on interaction between the Secretariat, Member States, and CSOs.

In its discussion of the Framework for Action, the Declaration should include discussion of alignment with ongoing commitments and frameworks, with details on how this Framework can serve as a global accountability mechanism.

The Declaration draft mentions the food industry and food systems, but lacks clear guidelines on engagement of and accountability for the private sector and private partners. Real progress on defeating malnutrition will require the participation and



commitment of the private sector, as food quality and standards vary widely between contexts.

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

Paragraph 4:

ACTION asks for further text on equity and clearer mention of the relationship of poverty to malnutrition, and vice versa. Malnutrition not only restricts human potential, but also exacerbates gender disparities across many areas; this is especially true for women, as evidence shows that nutritional status throughout the life cycle and especially during reproductive age impacts the nutrition of any potential children she may have, even if she is healthy while pregnant. The economic impacts of malnutrition are felt unequally for women as well.

The Declaration could go further in explaining the specific wide-ranging economic impacts of malnutrition, ranging from lost lifetime earnings on the individual level to considerable reductions in GDP at the national and sometimes regional level. According to the World Bank, malnutrition costs rob countries of 3% of their annual GDP, affecting overall economies and productivity, and thus perpetuating the cycle of poverty. This is further evidence of malnutrition as both a cause and consequence of poverty.

Paragraph 5:

Regarding the multidimensional causes of malnutrition, the Declaration would be strengthened by mention of the interaction between malnutrition and other diseases and conditions—as malnutrition may be caused by other illnesses, and it is much harder to become well again if one is malnourished (this is especially true for children, the elderly, and those with compromised immune systems).

Instead of referencing “quality” food, the Declaration could be more specific by specifying that such food should be rich in micronutrients, balanced in chemical composition, and including steading protein sources, especially for pregnant women.



Paragraph 6:

In addition to acknowledging that different forms of malnutrition co-exist within most countries, the Declaration must specifically reference reaching the hardest to reach for purposes of equity and long term cost-effectiveness. In addition, it is worth considering including impacts on regions, not just countries, especially with regard to emergency settings and refugee crises.

Paragraph 7:

This section should reference economic disparities within communities, as well as gender dynamics that may mean the most prized (and often most nutritious) foods are saved for the breadwinner, and potentially not for the mother and child.

Paragraph 9:

ACTION asks that the Declaration more closely consider the unsustainable nature of current agriculture systems, and the lack of support for small scale farming. There is also a paucity of information in many areas on locally available foods and how to prepare them such that nutrients are not lost to the cooking process.

The Declaration should also acknowledge that current health systems are increasingly challenged to manage an evolving disease burden, which may hamper capacities to properly deliver or even fully integrate direct nutrition interventions which are proven to be effective.

Paragraph 10:

The Declaration should also note that the prevalence of wasting has not decreased since 1990, stagnating at 9% globally.

This section should also mention rates of breastfeeding globally, and educational efforts to change these statistics.

It would also be good to more clearly state global stunting statistics—as stunting affects 1 in 4 children globally, and as many as 1 in 2 in the hardest hit countries. Linked to this, the Declaration should mention our collective failure to decrease global rates of micronutrient deficiencies.



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

Paragraph 11:

ACTION asks that the Declaration explicitly support a coherence and consistency between the various global frameworks on nutrition and food security and how this framework is different and additive.

The Declaration must recognize that improved health system strategies are needed to fully and sustainably integrate the set of specific interventions that have been proven effective in addressing the immediate causes of malnutrition, as highlighted in *The Lancet* series on malnutrition in 2008 and 2013.

More effective civil society integration is needed across these points.

Paragraph 12:

The Declaration should note that small scale farming plays a crucial role in supporting efforts to enhance countries' food and nutrition security and should be further supported.

ACTION wishes to raise the need to shift from an emergency focus to longer term solutions to prevent and treat undernutrition by fully integrating nutrition into each of the building blocks of the health system, namely within human resources strategy, essential medicines, governance, information and monitoring, health system financing, and service delivery.

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

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

ACTION asks for mention of preventing conditions that cause people to become malnourished, including those that are structural rather than purely medical,



such as geography, gender disparity, availability of nutritious foods in conflict zones, or lack of knowledge on cooking to maintain natural nutritious value of food.

ACTION also asks for specific text on encouraging breastfeeding and the importance of this intervention, exclusively within the first six months after birth, and specifically in the first hour after birth.

ACTION notes that eradication of malnutrition on a large scale will require integrated efforts to both prevent and treat malnutrition, e.g., community managed acute malnutrition.

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

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

ACTION asks that the Declaration encourage country health system strengthening strategies, such as national IHP compacts, while ensuring full integration of nutrition within basic health care to ensure the sustainable delivery of direct interventions.

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

ACTION asks for more specific language on the incorporation of civil society voices and views within this section, and across specific levels of dialogue.



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

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

Again as before, ACTION asks that it be clearly stated on what levels this Framework will be integrated with existing goals and frameworks, and how it is separately meaningful from those other processes.

In addition, ACTION insists that civil society be meaningfully involved in the Framework development process and that it be transparent throughout at what level their participation will be integrated.

Finally, the Framework must set ambitious, evidence-based goals in order for it to be a useful and meaningful tool.

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

ACTION insists on the development of a standalone Sustainable Development Goal on nutrition that includes specific targets:

- Reducing stunting and wasting to below 5 percent;
- Increasing exclusive breastfeeding for a child's first 6 months up to at least 60 percent;
- Reducing low birth weight to below 10 percent;
- Reducing anemia for children under 5 and women of reproductive age to below 10 percent; and



- Reducing rates of childhood overweight.

In addition, nutrition-specific and –sensitive elements must be clearly integrated into broader health and agriculture goals—the current draft of the Open Working Group focus areas document shows insufficient integration; this must be fixed and then reflected in the Framework.

ACTION also notes that according to the World Bank, slow gains in the current MDGs have been linked to lack of funding to tackle malnutrition, providing further basis for this issue area integration within the SDGS, as nutrition interventions are foundational for progress in other areas.

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