**Draft of the Rome Declaration on Nutrition**

1. We, Ministers and Plenipotentiaries of the Members of the World Health Organization and the Food and Agriculture Organization of the United Nations, assembled at the Second International Conference on Nutrition in Rome on 19-21 November 2014, to address the multiple threats of malnutrition to sustainable development.

2. Reaffirming the commitments made at the first International Conference on Nutrition and the World Food Summits as well as in relevant international targets and action plans[[1]](#footnote-2) including the UNSG Zero Hunger Challenge and the World Health Assembly (WHA) resolution 65.6 on six global nutrition targets)

3.Reaffirming the right of everyone to have access to sufficient, safe and nutritious food, consistent with the right to adequate food, the right to health and the fundamental right of everyone to be free from hunger,

4. Reaffirming the right to health 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.

***Multiple threats of malnutrition are a major challenge to sustainable and inclusive development***

4. Acknowledge that malnutrition, including undernutrition, micronutrient deficiencies, overweight and obesity, as well as non communicable diseases caused by unbalanced diet, has high socioeconomic and other costs for individuals and families, communities and states; threatens their health and wellbeing by impacting negatively on human physical and cognitive development; compromises the immune system; increases susceptibility to communicable and non communicable diseases; and poses heavy burden on societies by hindering resilience, increasing poverty, restricting the attainment of human potential and reducing productivity.

5. Recognize that the root causes of malnutrition are complex and multidimensional[[2]](#footnote-3):

•Year-around access to sufficient food, adequate both in quantity and quality, affordable and culturally acceptable, is a key determinant; as well as

•Access to quality health services and to a healthy environment, including access to safe- potable water, hygiene and sanitation, ~~compounded and often aggravated~~, ~~in a vicious cycle, by non-potable water, poor hygiene and sanitation,~~

•Inappropriate children care practices,

• compounded and often aggravated by food borne and parasitic infections, and ingestion of harmful levels of chemical contaminants due to unsafe food supplies or harmful chemical inputs,

• Poverty is both a contributor to malnutrition but also a consequence of it both rural and urban areas. Malnutrition drives poverty and poverty increases the exposure to malnutrition.

• Some agricultural practices and in particular the use of chemical inputs may have harmful impacts on health status and thus, negatively impact nutrition (through pollution of soil or water, inhalation of chemical inputs etc.). COMMENT As a consequence, when mentioning the ingestion of harmful levels of chemical contaminants, we propose to add “unsafe agriculture”.

6. Acknowledge that different forms of malnutrition co-exist within most countries; while dietary risk affects all socio-economic groups, large inequalities exist in nutritional status, exposure to risk and adequacy of dietary energy and nutrient intake, between and within countries.

7. Recognize that environmental, ~~and~~societal changes and economic inequalities ~~often~~have an impact on dietary and physical activity patterns, leading to higher susceptibility to obesity and non communicable diseases through increasingly sedentary lifestyles and greater consumption of processed food, that is high in fat, especially saturated and trans-fats, sugars, and salt/sodium.

8. Recognize that climate change is negatively impacting the quantity, quality and diversity of food grown and is therefore posing a major threat to food and nutrition security.

9. Acknowledge that current food systems are being increasingly challenged to provide safe and nutritious food for all to enable healthy diets, due *inter alia*to constraints posed by resource and ecological sustainability, unsustainable agriculture systems, large food losses and waste, lack of support to small scale farming, unbalanced distribution, COMMENT We would like to see increased reference to the need to foster dietary diversity through the food system approach. We would also like to see stronger acknowledgement of the potential positive nutritional impact of women’s empowerment reflected in the final document.

9.a. Acknowledge that current health systems are increasingly challenged to manage an evolving disease burden, characterized by a greater need for prevention, treatment and care of non communicable diseases, including nutrition[[3]](#footnote-4) and their high impact on infectious diseases (ex TB). Those systems fail to fully integrate direct nutrition interventions within primary health care.

10. Note, with profound concern that, notwithstanding significant achievements in many countries, recent decades have seen ~~modest~~insufficient and uneven progress in reducing malnutrition and that:

a)the prevalence of undernourishment has declined, but absolute numbers remain unacceptably high with at least 842 million in 2011-2013;

b)chronic malnutrition (stunting) has declined, but still affected 162 million children under 5

years in 2012, while the prevalence of acute malnutrition (wasting) has stagnated since 1990 (9%)[[4]](#footnote-5)  affecting~~ed~~51 million children under 5 years in 2012;

c)over two billion people suffer from micronutrient deficiencies such as of vitamin A, iodine, iron and zinc;

d)overweight and obesity among both children and adults have been increasing rapidly in all regions, with 44 million children under 5 years of age affected by overweight in 2012 and 500 million adults affected by obesity;

e)while dietary risk factors, together with inadequate physical activity, account for almost 10% of the global burden of disease and disability and different forms of undernutrition are the biggest underlying cause of death in children under the age of five, causing 45% of all child deaths in the world today.

COMMENT : We should add a mention on small holders / family farmers recognizing that they are the first victims of hunger (75% of those suffering from hunger are small holders) while they are the main food producers.

***A vision for global action to end all forms of malnutrition***

11. Reaffirm that:

a)the elimination of malnutrition in all its forms is an imperative for ethical, political, social and economic reasons, paying particular attention to the special needs of children, women, elderly and disabled people;

b)a coordinated action of different actors, at international, regional, national and community levels should be supported, through cross-cutting policies, programmes and initiatives in the food system, as well as health, social protection, education, research, energy, trade, rural development, water, sanitation, hygiene, consumer protection, transport, urban planning, and the environment;

c) coherence and consistency between the various global frameworks and initiatives on nutrition and food security (issued by WHO, SUN Movement, the Committee on World Food Security (CFS)) should be supported;

c)global and national policy coherence is needed among relevant sectors, including in trade and investment agreements, in investments and incentives for agricultural production, food processing and distribution~~,~~

d)the risks linked to higher and more volatile prices for agricultural commodities and their consequences for global food security and nutrition, need to be managed;

e)improvements in diet and nutrition require strengthening the legislative and regulatory framework for food safety and quality control at national, regional and international levels, including enhanced engagement of the Codex Alimentarius Commission, increased participation of Member States and adherence to the Codex Standards and Guidelines;

f)health system strategies are needed to fully and sustainably integrate the set of specific interventions that has proven their effectiveness to address the immediate cause of undernutrition[[5]](#footnote-6) highlighted by the 2008 and 2013 Lancet series should be better integrated into health care services.

g) Developing and improving investments to help overcome gender bias, by fostering access to land, natural resources, inputs, productive tools, extension, advisory, and financial services, education, training, markets, information and inclusion in decision-making, with particular attention to the inclusion of women, whose impact on children’s nutrition can be crucial

12. Recognize that:

a)international cooperation and official development assistance for nutrition should, as appropriate, support and complement national nutrition initiatives and measures;

b) achieving the right to adequate food for all requires sustainable, equitable, accessible and resilient food systems;

c)food and agriculture (including crops, livestock, fisheries and aquaculture) systems need to be addressed holistically by public policies, including the resources, investment, environment, people, institutions and processes with which food is produced, processed, stored, distributed, prepared and consumed;

c.i) food systems should be nutrition sensitive by the diversification of crops/livestock within production systems, not only to improve sustainability of farming systems but also to broaden the range of food available to consumers;

c.ii) health system strategies are needed to fully and sustainably integrate the set of specific interventions that has proven their effectiveness to address the immediate cause of under nutrition[[6]](#footnote-7) highlighted by the 2008 and 2013 Lancet series should be better integrated into health care services;

c.iii) nutrition must be fully integrated into each of the building blocks of health systems namely in human resource strategy, essential medicines, governance, information and monitoring, health system financing, and service delivery;

d)while private investments and markets will continue to drive both the supply of and access to nutritious food, responsible public investments and appropriate market regulations in food, agriculture and other sectors are crucial to overcoming malnutrition;

d)small scale farming plays a crucial role in supporting efforts to enhance a country's food and nutrition security and should be further supported;

d.i) the importance of smallholder agriculture’s contribution to better food nutrition security and the influential role of women in ensuring better food security and nutrition;

e)nutrition improvement requires the provision of balanced and diversified diets, meeting nutrient requirements of all age groups and all groups with special needs, avoiding excessive intakes of saturated fat, sugars and salt/sodium, and removing trans-fat;

f)food systems need to promote healthy dietary patterns by providing year-round access to safe and nutritious foods including fruits, and vegetables, pulses, wholegrains and animal source foods such as fish, while limiting the consumption of processed foods that negatively affect nutrition and health. Family farming plays an essential role in reducing malnutrition and contributing to balanced diet and need to be support by public policies in that sense. Improving income and the ability to produce one’s own food, and encouraging and facilitating the development of home gardens especially through a gender empowerment agenda; Recognises women’s rights as farmers and invests to improve their access to productive resources;

g)food systems need to address and prevent infectious and zoonotic diseases and to tackle antimicrobial resistance;

h)food systems should be sustainable, and all components for food production, processing and distribution (including land, soil, seeds, fertilizers, water, energy, harvesting, storage and transport) should be managed sustainably, with due attention to environmental impacts.

h.i) the accountability of the agriculture sector on food and nutrition outcomes should be enhanced and regulated by the state in the interest of better nutrition for individuals and nutrition security for all.

i)efforts should be made to reduce post-harvest losses and food waste throughout the food chain including consumption, as these can significantly contribute to reducing sustainability and nutrition security;

j)the United Nations system and the international financial institutions must work more effectively together in a coherent manner to enhance international cooperation to support national efforts to accelerate progress in addressing malnutrition.

k)The need to shift from emergency focus to long term solutions to prevent and treat undernutrition, by fully integrate nutrition in each of the building block of the health system namely in human resources strategy, essential medicines, governance, information and monitoring, health system financing, and service delivery

***Commitment to action***

13. We commit to:

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

b)reshape food systems through inclusive, transparent and accountable policy convergence (including CSO) and coherent implementation and regulation of public policies and investment plans throughout food production, marketing and utilisation at the individual level and 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;

b.i) a emphasis on fostering diverse food systems with particular focus on legumes and dark green leafy vegetables, by fostering diverse food systems to help reduce the risk of malnutrition and micro-nutrient deficiencies and minimising reliance on a staple crop by stipulating investment to diversify food systems and increase dietary diversity;

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

d)encouraging country health system strengthening strategies (such as national IHP compacts) while ensuring the full integration of nutrition within basic health care for the sustainable delivery of direct interventions;.

d.i) strengthening health systems in order to ensure the full integration of direct and preventive nutritional interventions within basic health care, especially in order to achieve universal coverage for treatment of severe acute malnutrition;

d.ii)encourage and facilitate contributions by all stakeholders (foremost civil society) in society and promote collaboration within and across countries, including North-South, South-South and triangular cooperation;

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;

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

g) integrate the objectives of the Framework for Action into the post-2015 development agenda including a global goal on food and nutrition security as well as aligned with other initiatives (WHA nutrition targets, SUN, CFS, Nutrition for Growth Compact commitments etc.).

g.i) dramatically increasing the funding available for nutrition sensitive approaches in agriculture and to recognize the nutrition goal of agriculture;

g.ii) the creation of an accountability framework where donors and governments will report on an annual basis their outputs and outcomes against the objective set in the Framework for Action and the goals, targets and indicators of the post-2015 development agenda.

14. We call on FAO and WHO to maintain the cooperation they offer to support governments as appropriate, in the development and implementation of their national programmes and plans for nutrition.

15. We recommend the United Nations General Assembly to endorse the ICN2 Declaration and to declare a Decade of Action on Nutrition.

1. List all the existing commitments in green highlights and other paras including the footnote text provided by EURO. [↑](#footnote-ref-2)
2. As highlighted in the UNICEF Conceptual Framework on Nutrition: http://www.unicef.org/nutrition/training/2.5/4.html [↑](#footnote-ref-3)
3. Recife declaration on HR for Health - WHA [↑](#footnote-ref-4)
4. Cf.doc WHO 67/15 on Maternal, young child, infant nutrition, which will be adopted by Member states at the next WHA [↑](#footnote-ref-5)
5. Promotion of breastfeeding, increased micronutrient supplementation, improving the hygiene in children and infants [↑](#footnote-ref-6)
6. promotion of breastfeeding, increased micronutrient supplementation, improving the hygiene in children and infants [↑](#footnote-ref-7)