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|  **Second International Conference on Nutrition (ICN2)**  |
|  **Framework for Action** Annotated comments by Claudio Schuftan, PHM, cscuftan@phmovement.org Aug 1, 2014 |

 **INTRODUCTION**

**1.1 Background**

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

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1 SOFI, 2014

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

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

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

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

The challenge is to improve global and national nutrition and food system governance to ensure more nutrition-enhancing food systems. Rather replace with one based on the RTF principles It is also to achieve political consensus and policy coherence and coordination across all sectors, including in agriculture and food systems,

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health, social protection, education, employment, trade, environment, information, consumer affairs, planning and other sectors. Yes, but with real grassroots participation. No more top down. THIS INTRO CAN BE SCRAPPED BY REFERING TO THE POLITIACAL DECLARATION WHERE THIS CAN BE FOUND ALREADY,

**1.2 Framework for Action**

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

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

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

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

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

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

7Declaration of the World Summit on Food Security. http://www.fao.org/fileadmin/templates/wsfs/Summit/Docs/Final\_Declaration/WSFS09\_Declaration.pdf

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

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

10 http://scalingupnutrition.org/

11 Nutrition for growth commitments: executive summary.

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

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This FFA aligns to the commitments formulated by the 65th World Health Assembly to achieve, by the year 2025: from baseline in what year??

40% reduction of the global number of children under five who are stunted by 2025

50% reduction of anaemia in women of reproductive age by 2025

30% reduction of low birth weight by 2025

No increase in childhood overweight by 2025

Increase exclusive breastfeeding rates in the first six months up to at least 50% by 2025

Reduce and maintain childhood wasting to less than 5% by 2025

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

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

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

**2 INSTITUTIONAL MECHANISMS TO IMPROVE NUTRITION**

**2.1 Enabling environments**

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

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**2.2 Reformed (Better) governance for nutrition**

Six elements are particularly important for improving governance of food and related systems to improve nutrition. It is more thanimproving; it is making it HR-centered.

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

Given the multiple causes of malnutrition, its many underlying and structural determinants and the significance of the overall policy context, national governance should/must establish policies to encourage nutrition justice meaning what?, and to incentivize actions to adequately address the underlying and structural determinants of malnutrition relevant for different communities. Policies should/must include explicit nutrition targets. The development of appropriate strategies should/must involve regular consultations among all implementing partners including consumer groups, other public interest civil society organizations; producers, processors, distributors and retailers of food; businesses whose activities positively or negatively affect nutrition; professional nutritionists, research scientists; educators; employers and those responsible for social protection, safety nets? and emergency relief. Strategies should/must address people’s dietary choices, and the contexts in which these choices are made including the negative influence of advertising especially for children.

*Institutional arrangements that encourage effective HR-based multi-sector working*

Institutional arrangements should encourage effective multi-sector coordination, cooperation and collaboration at national, local and intermediate levels, focus on ensuring equitable access to essential services to communities most vulnerable to malnutrition, and enable regular monitoring. Nothing new here

*Facilitation of effective implementation at all levels what is facilitation?*

Concerted efforts by whom? to encourage effective design, implementation and monitoring of actions by rights holders at local, district and provincial administrative levels, accompanied by their intensive social mobilization for advocacy and communications, should/must enable decision makers at all levels to coordinate national policies, sectoral strategies and monitoring procedures.

*Assessment and accountability*

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

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*Engage implementation partners engagement meaning what?*

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

*International support for national nutrition governance*

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

**Priority actions for reformed nutrition governance**

*Establish:*

• \_*A cross-government, inter-sectoral governance mechanism, including the engagement of local and intermediate level governments. We have done this before. Fizzles away. Awfully top down. HR and RTF not mentioned here!*

• \_*Multi-stakeholder platforms, including engagement with local communities, with adequate mechanisms to safeguard against potential conflicts of interest. Awwk! It is time we speak about rights holders and duty bearers and do away with the stakeholders –a term as bad as non-state actors.*

**2.3 Financing for improved nutrition outcomes**

As the costs of inaction are high, the potential human, soci(et)al and economic gains to be made from investing in improving nutrition – and turning the commitments of the Rome Declaration into action – are very large. Improving nutrition is NOT for economic gains. Nutrition is a HR!!! That is the justification. Further global and national investment will be fundamental.

**More money for nutrition**

Interventions to address malnutrition are among the most cost effective in development.12 It is not about cost effectiveness, it s about fulfilling neglected HR! The economic returns for development from tackling undernutrition are very strong, with every $1 invested estimated to yield economic returns of around $18.13 Maybe, but…There is also a strong economic case for tackling obesity, overweight and other diet-related diseases. The economic burden of non-communicable diseases is enormous – globally, the

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

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

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**3.1 Food systems not forgetting breastfeeding**

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

Food systems – from production and all along the supply chain including handling, processing, storage, transportation, marketing, retailing and consumer behaviour – offer many opportunities for improving diets and nutrition. But they also present many hurdles. Some may have the primary purpose of enhancing nutrition, while others may affect nutrition even though this may not be their primary objective. As interventions in isolation may have limited impacts within such a complex system, interventions that consider food systems as a whole are more likely to succeed. Considering the entire food system provides a framework to determine, design and implement interventions to improve nutrition. This goes back to the 1978 nutrition planning era: nothing happened. Powerful actors were not disempowered. Their power over the system has increased

Both traditional and modern supply chains offer risks/bottlenecks and opportunities for achieving better nutrition. Traditional supply chains are the primary channel through which most low-income consumers purchase food. Enhancing the [efficiency] fairness of traditional food value chains (can) enables better nutritional outcomes by improving the access of low-income consumers to safe, nutrient-rich foods, such as animal-sourced foods, legumes, certain vegetables and fruits. Not automatically. Only claim holders can demand and obtain greater fairness.

Modern supply chains are important for preserving the nutritional content of food and increase the year-round availability and affordability of a diverse range of foods. Modern food processing and retailing facilitates increased availability and access to animal source foods, fruits and vegetables, increased access to cold chain storage, prompted establishing food safety standards and enabled fortification to address specific micronutrient deficiencies. Too many buts here to list…. However, they have also increased the availability of (highly) ultraprocessed foods of minimal nutritional value which have contributed to obesity and diet-related NCDs. (this is only one but)

Nutrition goals and objectives need to be considered together with the other functions and purposes of food systems. Trade-offs between achieving nutrition targets and other goals need to be considered and possible ‘win-win’ options identified such as investments in rural infrastructure (e.g. feeder roads and irrigation facilities), research, food processing technology and market information, which may increase food production, reduce consumer prices, increase farmer incomes and improve nutrition. The private sector will facilitate more sustainable and nutritionally desirable diets only when it pays to do so. But it does not. Who are we kidding here? Hence, appropriate regulation and incentives can/MUST be imposed on the private sector. Voluntary guidelines have not worked. Conflicts of interest are rife. [increase the compatibility between market signals and improved nutrition.Let’s calla spade a spade].

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Increasing productivity and economic growth can improve nutrition outcomes. But it also can not Improvements in agricultural, food production and other technology that reduce demands on women’s time, improve the well-being of women and people’s nutrition by increasing time available for breastfeeding, child care, food preparation, accessing clean drinking water, increasing women’s income. Productivity improvements can reduce net unit costs, increasing farmers’ incomes and lowering food prices which should but do they? have positive nutrition and economic growth effects. Increasing diversity in food production can lower production risks, improve nutrition, contribute to ecosystem health, and raise farmer incomes and well-being. Hence, greater nutrition sensitivity as a policy goal can enhance economic growth, incomes and efficiency, especially pro-poor development through empowerment, equity and social welfare. Where is the link here between the above and empowerment and equality? Aren’t you guilty of hijacking terms to make the framework look good by inserting ‘good’ words?

Income growth is associated with reductions in undernourishment. Not always. However, if income growth is to improve diets, it must be accompanied by specific actions to improve dietary adequacy and quality to reduce malnutrition in all its forms. It must involve them in HR learning. It must empower rights holders to demand their rights vocally.

Food system-based policies which work to reduce malnutrition via increased purchasing power stand a better chance of success when implemented within a broader (pro-poor) bottom centered context, including social protection and other measures to reduce risk. Pro-poor is a typical top-down concept. Poor them, let’s be pro-poor.

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

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

• \_Daily needs of energy, vitamins and minerals are met, but energy intake does not exceed them.

• \_Consumption of fruit and vegetables is over 500 g per day.

• \_Intake of saturated fat is less than 10% of total energy intake.

• \_Intake of trans fatty acids is kept to less than 2% of total fat intake.

• \_Intake of free sugars is less than 10% of total energy intake or, preferably, less than 5%.

• \_Intake of salt is less than 5 g per day.

• \_Adequate intake of animal source foods is guaranteed in children under five. Reference? Isn’t this passee? Isn’t free sugar 5%?

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

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energy consumption – should be a priority for policy-makers. To improve diets, it is necessary to meet basic nutrition needs by providing affordable choices and combatting cheap ultraprocessed aternatives. The urgent needs of vulnerable populations shouldmust be met while building longer-term resilience through much greater grassroots participation that directs interventions to the most neglected (improved targeting), local problem identification, local programme design, local monitoring and evaluation by watchdog public interest CS.

Making systems more nutrition-enhancing?? so that food is available, accessible, diverse and nutritious is key, but so is the need to empower (consumers) rights holders to make healthy dietary choices and to oppose the influence of bad advertizing. Governments, international organizations, the private sector and civil society can all help consumers make healthier decisions by providing clear and accurate information besides ensuring access to more nutritious foods and imposing needed regulations on the food industry. Popular nutrition education andHR learning shouldmust be combined with other efforts to improve nutrition, (as time or income constraints may otherwise prevent nutrition-enhancing behavior??).

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

At each step in the chain, from production to consumption (‘from farm to fork’), there are opportunities for improving nutrition quality and safety. But also for profiteering. By identifying critical points in the chain between food production and consumption, nutrition can be enhanced. I think this is rather simplistic. Better plant nutrition – through bio-fortification??, micronutrient fertilizers, and soil improvements – can increase the nutrient values of crops and thus human nutrition. Improvements are not primarily about nutrients though; they are about the social determination of preventable malnutrition. Better storage, preservation and processing (including food fortification) for crops, livestock, fish or gathered foods, at the farm level or commercially, can also do so. Yes, but Improvements in production, processing or marketing, such as greater post-harvest food processing at community level and reduction of post-harvest losses, can reduce relative prices or the time it takes to obtain or prepare more nutritious foods. Yes, necessary but not sufficient as the conceptual framework of the causes of malnutrition taught us already in 1990.

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

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

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community access to safe and nutritious foods, while ensuring households have the capacity to make optimal use of available food. Food and agriculture-based responses include diversified food production, improving storage, diversifying livelihood strategies and nutrition education programmes, all designed, implemented and monitored using a nutrition lens within a Disaster Risk Management framework. Designing timely emergency responses to natural disasters and man-made shocks can help mitigate the nutritional vulnerability of those affected. I FEEL THE PRECEEDING IS TOO WORDY. A FRAMEWORK FOR ACTION MUST GO MORE DIRECTLY TO POINTS OF ACTION EXPECTED OF MEMBERS STATES AND PARTICULARLY OF PUBLIC INTEREST CS.

**Priority actions for whom? Member states? Specific ministries? Other?**

**With the de-facto participation of relevant rights holders:**

• \_*Review existing national and sector policies which influence food and nutrition security, then identify and address areas of incoherence. Time horizon 1 year?*

• \_*Review public investments to make them more coherent,only coherent, not more egalitarian seeking greater equality? improving the food and water supply. (Note: Water comes in here for the first time….) 1 year?*

• \_*Promote, support and finance initiatives such as school gardens/farms to educate young people?? about appropriate diets. 1 year?*

• \_*Support and finance extension services especially for women and minorities to support dietary diversity only? in collaboration with researchers, and participatorily directed to small-scale farmers and local communities.*

• \_*Strengthening family farms and facilities for local food production and processing. Strengthening meaning exactly what?*

• \_*Promote, train for and finance backyard/homestead gardening, fish farms and small animal management initiatives, including ecologically appropriate varieties with high nutritional value, as a potential source of income and of fresh local produce.*

• \_*Integrate explicit nutrition objectives into agricultural strategy policy and programme design and implementation and research agendas, to ensure that: they are not detrimental to nutrition; and opportunities to improve nutrition are well utilized.*

• \_*Analyze the causes, magnitude and dimensions of malnutrition, who is affected, as well as constraints to and opportunities for effective interventions at scale. Only analyze? And then what? Participation of rights holders here is a must.*

• \_*Promote dietary quality and diversity by:*

*identifying nutritious local varieties and/or developing new plant varieties specifically with improved nutrient content, and better tolerance to limited water availability, a major factor limiting crop yields*

*diversifying the crop mix and improving storage, preservation and other approaches to reduce seasonal food insecurity and nutrient content loss*

*promoting the consumption of affordable nutritionally enhanced foods which are these? Commercially enhanced??*

*promoting locally available and affordable nutrient-rich foods using innovative education and communication strategies, including health education, agricultural extension and media campaigns. NO MENTION HERE OF MEALS. MOST REFERENCES ARE TO NUTRIENTS; THIS IS A BIT OLD…*

• \_*Identify and promote good practices for improving nutrition-enhancing food- and agriculture-based approaches on a large scale. What exactly is involved in this?? Vague, no?*

• \_*Address micronutrient deficiencies through sustainable food-based approaches for improving the nutrition status of populations including:*

*promoting and financing nutrition information dissemination and sustainable food-based interventions that encourage dietary diversification through the production of, access to and consumption of micronutrient-rich foods, including the rich variety of appropriate traditional foods;*

*processing and preservation techniques conserving micronutrients, particularly when micronutrient-rich foods are only available seasonally;*

*developing and financing sustainable institutional capacities and human resources, including training of professionals, non-professionals and community leaders, especially women and minorotoes to overcome malnutrition including prevalent micronutrient deficiencies.*

• \_*Encourage bio-fortification, by breeding higher levels of essential nutrients into staple crops through agronomic practices, has much potential for reducing micronutrient undernutrition. Success also depends on sensitivity to cultural preferences, behavioural change and adequate information on the nutritional desirability of bio-fortified crops. I WOULD SCRAP THIS ONE. Not much to show for and encourages technological fixes to what are primarily social and human rights problems*

**3.1.1 Food environments and this means what? a new concept? Helping how?**

Comprehensive strategies to improve access to, and consumption of, healthy diets need to include measures to create healthy food environments? and to empower rights holders as consumers. As well as information and education to enable healthy food choices, this requires implementation of measures to modify food environments to improve the availability, acceptability and affordability of healthy diets. Plus regulation of the marketing of unhealthy ultraprocessed foods. Why not say it?

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

• \_Reduce the level of salt/sodium added to prepared or processed food. There is now ample literature to show that reformulating is NOT the solution. We will end up with junk food just a bit less junky.

• \_Increase availability, affordability and consumption of fruit and vegetables. Subsidized if needed

• \_ Mandate the reduction of saturated fatty acids (SFA) in food and replace them with unsaturated fatty acids. Is this the current scientific recommendation? I thought no

• \_ Mandate the replacement of trans fats with unsaturated fats. phase out, no?

• \_Mandate the reduction the content of free and added sugars in food and non-alcoholic beverages. And tax a penny or two a teaspoon of sugar.

• \_Limit excess calorie intake, reduce portion size and energy density of foods. And this done how?

This is a framework for action it must be more precise; no interpretation or loopholes

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

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

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

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

There are a number of policy options and suggested actions available (for use in the creation of) to enable a healthier environment for healthier diets (including breastfeeding). Why in brackets??

**Priority actions for whom? to improve the food environment?**

Standards in public institutions and the workplace whose?

• \_Mandate the *Improvement of the school food environment why do you insist on ‘environment’….it is too vague by setting food-based or and? nutrient-based standards for foods available in schools (meals, vending machines, etc.), setting standards for foods available in the immediate vicinity of schools, making foods that can be part of a healthy diet more readily available and ensuring free provision of safe drinking water.*

• \_Mandate the *Establishment and application of standards for the provision of healthy, affordable food in other public institutions, such as hospitals, childcare facilities, universities, government offices, prisons. These institutions should also create a healthy “choice architecture” architecture? Here, environment is the right word and mandate the provision of facilities for breastfeeding.*

• \_*Encourage private companies to provide healthy meals in their workplaces and to make suitable rooms available for breastfeeding. Ayayay! You are not serious….How far will encouragement go?*

• \_*Establish standards for the provision of healthy, affordable food through social support schemes. And here you mean what? MSs establish the standards and then what?*

Healthy diets

• \_*Increase incentives for production of nutrient-rich foods and their movement into processing and retail through the value chain at all scales what is a scale?. What kind of incentives and to whom? Is the value chain = the food chain?*

• \_Mandate the *Introduction of regulatory measures to ensure removal of industrially-produced trans fats from foods and beverages. Are there transfats in beverages? Excuse my ignorance.*

Incentivize healthy dietary choices some of these will have to be mandated…

• \_*Set incentives and mandatory rules to (create) secure retail and food service/catering environments characterised by healthy, affordable meals.The same to be monitored by public interest civil society Examples include price reductions on natural nutrient-rich foods, financial incentives for retailers to locate in underserved areas and sell healthy foods and stern measures to influence portion size.*

• \_*Create fiscal incentives and disincentives (e.g. through taxes) to encourage healthy diets by reducing the cost of more healthy diet options relative to less healthy ones.*

Regulating marketing

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

*Only this one??? Much more needed here!*

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**3.1.2 Sustainable healthy diets**

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

**Priority actions for sustainable, healthy diets for whom?**

• \_*Develop a clear and robust? set of guidelines for sustainable food production practices. Only develop and then not mandate application?*

• \_*Encourage food production practices that improve resilience to climate change and reduced use of inputs such as water, agro-chemicals and energy. Encourage meaning what? way too simplistic*

• \_*Develop and monitor application of other policy tools, such as economic incentives, environmental regulation, sustainability labeling a comma missing between these two?, sustainable public food procurement policies, education and awareness raising, to ensure more sustainable food systems. Way too vague. May as well not say anything on this*

**3.2 Social Protection**

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

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

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

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

**Priority actions on social protection**

• \_Set up and *Implement appropriately designed a bit vague, country-owned, development-oriented, social protection programmes. Policy options and suggested actions include:*

o *Cash and food transfers and other forms of social protection that improve diets by improving food access and resilience, also increase local spending, and enhance small producers’ productive resources, thereby enabling production and productivity increases, both on- and off-farm.*

o *Public employment guarantee schemes providing paid work (often for unskilled manual labourers) have been used by some (governments) MSs to significantly improve incomes, especially for rural women, infrastructure and community services.*

o *Public food distribution schemes. The impact of in-kind food transfers has been considerably higher than cash transfers where food is not available on the market, particularly in emergency contexts, as cash transfers can have an inflationary effect, resulting in further local food price increases. Food distributed through those schemes should be nutritionally adequate.*

o *Special attention needs to be given to the ‘first 1000 days’ when vulnerability to nutritional deficiencies is greatest for both mothers and children. Well-targeted interventions can have significant results. But follow up during the next 1000 days, before most children attend school, also deserves more attention. Implying what? Be precise or do not say it.*

o *Social protection can be designed to maximize positive impacts. For example, school feeding programmes cannot only ensure dietary diversity SYNTAXis achieved with the daily school meal, but also (induce) bring about higher school attendance and small farmers to cooperate to supply needed food produce on a regular basis, ensuring higher incomes, greater community cooperation as well as supply of healthier foods in local markets.*

o *Improved targeting, using a nutrition lens to identify individuals, households and/or communities who are most nutritionally vulnerable (, may help) is a human rights must.*

o *Ensuring universal coverage. Of what?? alone means nothing*

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**3.3 Health**

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

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

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

For health systems to be able to deliver improvements in nutrition, it is essential that there is access to health services for all, including the most marginalised and most vulnerable. To this end, achievement of universal health coverage (including financial risk protection, access to essential health care services and access to safe, effective and affordable essential medicines and vaccines for all) has to be integrated into the post-2015 development agenda. Not only this. Why singling health out? All the framework….

**Priority actions for health systems**

• \_*Nutrition shouldmust be fully integrated into each of the building blocks of health systems. This includes, for example, the strategies for human resources, essential medicines, governance, information and monitoring, health system financing, and service delivery. This is awfully insufficient. Tonnes of recommendations for food and one vague one for health. Needs work.*

**3.3.1 Delivery of effective nutrition interventions**

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

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In developing policy and programmes, special attention to the nutrition of mothers, infants and young children is imperative. The 1,000 days is critical and has a lasting impact on the survival, health and development of the human individual.19 so what this then imply in terms of actions? Just too vague… go three pages down; pagination got complicated as document made into a Word document. Sorry.

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

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

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

**Priority actions to address wasting**

• \_*Improve the identification, measurement and understanding of wasting. Why understanding here? Gender and S-E disaggregation. Reforms of HISs will be needed to improve; say so*

• \_*Encourage and commission and finance research to better understand the links between wasting and stunting, to ensure maximum leverage is realised from the current investments in nutrition programming. I think this is a global priority rather than for each MS how much is maximum leverage? The opposite of minimum?*

• \_*Develop and apply improved methods and linkages? of wasting identification and treatment, both within the health sector and cross-sectorally?. Which other sectors will be assessing wasting??*

• \_*Rapidly as opposed to slowly? develop evidence for effective prevention strategies to reduce the burden of wasting, which canMUST then be translated into policy actions.*

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

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interventions be integrated and implemented in tandem with nutrition-sensitive interventions to achieve maximal benefits. What is the difference between *direct and sensitive? Is nutrition sensitive a new term? Replaces what? social determinants? If so, can we use the latter established concept?*

**Priority actions to address stunting**

• \_*Enact policies and/or finance and strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls (weekly iron and folate supplementation, prevention and treatment of infections and nutrient supplementation during pregnancy and maternity protection policies for pre- and postnatal care). What about…food? Calories?*

• \_Legislate as needed to*Protect and promote exclusive breastfeeding in the first six months and continuation to 24 months!!! to provide “secure” nutrition and protect infants from (gastrointestinal) infections.*

• \_*Promote consumption of healthy, diversified diets including high-quality, nutrient-rich foods in the complementary feeding period (six to 23 months). How do you promote? Doing what? Need be more precise*

• \_*Improve micronutrient intake through including varied complementary foods, food fortification, , and use of supplements when and where needed.*

• \_*Foster what do MSs do to foster? safe food storage and handling practices to avoid infestation from microbial contamination and mycotoxins and strengthen community-based interventions to protect children from infections (diarrhoea and malaria), intestinal worms and environmental causes of sub-clinical infection through improved water, sanitation and hygiene. What a misch masch here*

• \_*Incorporate linear growth assessment in child health routines to provide critical, real-time information for target setting and progress monitoring. Nutrition surveillance without commensurate interventions are an exercise in chronicling malnutrition only*

• \_*Integrate nutrition in health promotion strategies and strengthen service delivery capacity in primary health care. By doing what?*

Anaemia impairs health and wellbeing in women, and increases the risk of maternal and neonatal adversities??. Failure to improve anaemia consigns millions of women to impaired health and quality of life, generations of children to impaired development and learning, and communities and nations to impaired economic productivity. A number of nutrition and nutrition-sensitive? interventions (including prevention of infection and reproductive healthcare) can be used for anaemia control and can be delivered through the health system.

**Priority actions to address anaemia in women of reproductive age and adolescent girls?**

• \_*Provide iron and folic acid supplementation to pregnant women.*

• \_*Provide intermittent iron and folic acid supplementation to menstruating women.*

• \_*Encourage production of nutrient/iron rich foods for the populations vulnerable to anaemia.*

• \_*Encourage local production of fortified foods, e.g., fortified flour, oil, salt.*

• \_*Promote local production of bio-fortified food. ?*

• \_*Ensure provision of healthy food in schools and pre-schools.*

• \_*Provide nutrition education in schools.*

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• \_*Implement social marketing for use of fortified foods, iron supplementation and deworming. Social marketing teaches people what to do but not why. Forget social marketing. Include population groups in active discussions and let them choose from a set of alternatives. This is the human rights way, not paying expensive consultants.*

**3.3.2 Delivery of health interventions with an impact on nutrition ( I see that this complements the section above which I found poor)**

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

*Prevention and treatment of infectious diseases*

Frequent bouts of infectious diseases such as diarrhoea are an important cause of child undernutrition, helping to explain why high rates of child undernutrition can still be seen in populations which are generally food secure. Infectious diseases – such as malaria, HIV/AIDS, tuberculosis and some neglected tropical diseases,20 including hookworm infestation and schistosomiasis – contribute to the high prevalence of iron deficiency anaemia in some areas.21 Infestations with worms (schistosome and soil-transmitted helminths) can impair nutritional status by causing internal bleeding, diarrhoea and poor absorption of nutrients. They can also cause a loss of appetite which, in turn, can lead to reduced nutrient intake.

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20 See http://www.who.int/neglected\_diseases/diseases/en/ for WHO’s list of 17 neglected tropical diseases.

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

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

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

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

**Priority actions for preventing infection**

• \_*Ensure universal access to insecticidal nets, provision of long-lasting insecticidal net to pregnant women and infants, preventive malaria treatment for pregnant women, periodic deworming for children and zinc supplementation for children with diarrhoea. This is not all! Either we go for it or we omit.*

*Reproductive health and family planning*

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

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

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23 Source: Maternal and child undernutrition. *Lancet*, 2008, 71(9608): 270–273.

(http://www. thelancet.com/series/maternal-and-child-undernutrition).

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

25 Source: Maternal and child undernutrition. *Lancet*, 2008, 71(9608): 270–273

(http://www. thelancet.com/series/maternal-and-child-undernutrition).

**Priority actions on reproductive health and family planning**

• \_*Ensure access to sexual and reproductive health services for all women. What is needed to ‘ensure’?*

• \_*Enable services such as family planning to become more nutrition-sensitive.meaning what? Measures to prevent adolescent pregnancy and to encourage pregnancy spacing are particularly important. So MSs need to do what? Either we go for it or we omit.*

**3.3.3 Breastfeeding**

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

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

**Priority actions on breastfeeding**

• \_*Implement the Global Strategy on Infant and Young Child Feeding, the Comprehensive Implementation Plan on Maternal Infant and Young Child Nutrition by allocating appropriate and commensurate financing.*

• \_Legislate and *Implement measures to regulate marketing of breastmilk substitutes and to end the inappropriate promotion of foods for infants and young children. Secure enforcement and set commensurate fines for violators*

• \_*Implement policies and practices to improve maternity protection. Such as? Either we go for it or we omit.*

**3.3.4 Nutrition education for behaviour change Make sure we do not mean here that malnutrition (under and over) is primarily due to individual behavior. External factors importantly determine final behavior (such as advertising).**

While making systems more nutrition-enhancing?? so that food is available, accessible, diverse and nutritious is absolutely key, strategies to promote behaviour change are also important. Nutrition education and information are important elements for empowering consumers to make healthy dietary choices. Careful\* Nutrition education can also teach families to eat what hey cannot afford. Behaviour change interventions can help improve infant feeding, care and hygiene practices. But also may not.. There is also a role for behaviour change interventions to reduce food waste and contribute to the sustainable use of resources. Governments, international organizations, the private sector and civil society should not only help consumers make healthier decisions, reduce waste, reduce external commercial pressures and contribute to the sustainable use of resources, but, as they who? themselves are also actors in the food system, they also need to lead by example and make substantial behaviour changes for better nutrition outcomes. Is this really determining?

Dietary guidelines provide recommendations about the right amounts and combinations of foods in the form of simple dietary advice for the public and to assist in developing popular communication materials to ensure that the guidelines are used effectively. Let’s be realistic. These have been around for over 50years. How much have they helped? They will not unless we zero-in on the social determination of malnutrition (under and over) In addition to their role in education, national dietary guidelines should guide trade, agricultural, food security and environmental policies, besides setting dietary standards in institutional settings such as schools, kindergartens, workplaces and other institutional settings where meals are regularly provided. These have also been around for long. What to do to have them enforced is the question.

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

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

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improving household food consumption. Health, agriculture and education ministries should coordinate their advice so that farming communities make healthier food produce available, e.g., by procuring food from small farmer cooperatives for dietary diverse school feeding programmes. This has not worked. What needs doing for this to work? This is what is needed in this framework.

The role of health services in delivering nutrition education needs to be enhanced. Dietary counseling should be integrated into primary healthcare services. See \* above. Essential prerequisites for this approach include a functioning health system a million dollar problem…and the inclusion of nutrition and nutrition (including breastfeeding) counseling techniques in the training curricula of health workers.

People need clear and accurate information to be able to make healthy choices. Info and power to change their situation, no? Nutrition labeling (and) needs strict oversight of nutrient and health claims, is essential to enable informed choice by. The evidence suggests that simple, front-of-pack or point-of-purchase labels on packaged foods, or in grocery stores, vending machines, eating places, including menu labeling to support healthier options, can be beneficial. For the more educated public who reads labels.

Nutrient profiling has been used as a tool to qualify the nutritional value of individual foods and help consumers make healthy choices, as well as governments design schemes to control food marketing and label food products. Now this is a problem we inherit from the past. This fixation on nutrients. The focus ought to be on local meals. The nutritional (and family) value of these is what the new framework must call for instead.

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

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

Nutrition education and promotion, face-to-face backed up by innovative communication approaches, including mass media, for adolescent girls and women, not only mothers but also fathers and other caregivers, need to be improved, financed and scaled up to ensure greater outreach. This must include using communications to counter all the misinformation being spread by the food and beverage industry. Promoting exclusive breastfeeding for the first six months of life and continued to 24 months is imperative and intensive complementary feeding education is called for.

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

Nutrition education should be promoted.in what way? With what financing? There is an urgent need for developing and deploying professional capacities in nutrition education to ensure more effective education for nutrition in the health, agriculture, education and other sectors. This must be coupled with HR learning so as to empower rights holders to demand needed changes. Otherwise, nutrition education will become a bunch of letters sent to Santa Claus.

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**3.3.5 Access to safe water, adequate sanitation and hygiene**

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

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

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

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

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

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

**Priority actions on water, sanitation and hygiene**

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

*Involve affected populations from the outset to seek resolution of these crucial problems. Empower them through HR learning so the demand actions be taken to resolve their problems.*

**3.3.6 Food safety and antimicrobial resistance**

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

• \_Ensuring the safety of domestic and imported food supplies. How? *Either we go for it or we omit.*

• \_Ensuring consumers and cross-sector participation by the health, agriculture and trade sectors in decision making for safe, quality foods and coordinating implementation of preventive programmes. How?

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

Addressing AMR therefore requires a “One Health Approach”,is this a new concept?If not, give a reference. understanding the pathways and drivers of AMR emergence at the interface between human, animal, and agri-food ecosystems in order to inform the development and implementation of effective preventive approaches. Over the past decade, there have been significant developments at the international level to address AMR with several initiatives been led by FAO, WHO and OIEwho this?. However, significant challenges still remain in translating internationally accepted guidelines into appropriate policies and actions at national level. So what needs to be done?

**Priority actions on antimicrobial resistance Priority actions on food safety missing here?**

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

Empower consumers to demand the practices below are carried out.

• \_Raise awareness to whom? By what means? To achieve what?of AMR and the urgency of addressing this issue.

• \_Immediately Establish a multisectoral national committee to combat AMR with representatives from the health and agriculture sectors, and other relevant ministries and authorities.

• \_Terminate non-therapeutic use of antimicrobials, such as the use of antimicrobials as growth promoters.

• \_Restrict to curative use or eliminate the use in food-producing animals of antimicrobials identified as critically important in human medicine, especially the use of fluoroquinolones, and third-and fourth generation cephalosporins.

• \_Develop, finance and enforce national integrated surveillance programmes (involving close collaboration between public health, veterinary and food laboratories) to monitor current and emerging AMR.

• \_Develop and implement national guidelines on prudent use of antimicrobials in food-producing animals, with multidisciplinary involvement, taking into consideration antimicrobials categorized as critically important for human medicine by WHO.

• \_Introduce measures to improve animal health, and to reduce the need for antimicrobial treatment, including application of effective vaccines. Such as? *Either we go for it or we omit.*

• \_Finance the Identification and update of the prevalence of and trends in AMR to inform decision making.

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**4.4numbering wrong? International trade and investment**

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

(Minimally,) Trade policies and agreements shouldmust ‘do no harm’ to nutrition. Trade and investment policies shouldmust be coherent with and not undermine national nutrition strategies. Trade policy shouldmust support nutrition policy and not restrict the ability to implement effective nutrition policies. The public health exception to intellectual property rights includes innovations in nutrition. Meaning what? *Either we go for it or we omit.* Food supplies should not be the subject of export sanctions. Why? *Either we go for it or we omit.*

The availability of and access to healthy foods shouldmust be ensured through nationally appropriate combinations of imports and domestic production, and investments in food production, especially by smallholders. There shouldmust be effective incentives for farmers to produce sufficient healthy foods (e.g., fruits and vegetables) to be sold at affordable prices. And how do we do this? The availability of and access to unhealthy foods shouldmust be effectively regulated and discouraged. How does this relate to intl trade?International standards in regulations for nutrition content to promoteassure compliance with nutrition requirements shouldmust be established, implemented and enforced. By doing what? *Either we go for it or we omit.*

***We have no priority actions here?***

**4 ACCOUNTABILITY MECHANISMS**

To enforce accountability, both rights holders and duty bearers need to understand what accountability is in the context of the right to food. Massive HR learning will be needed for this. A task force will be set up in each MS to prepare a well financed plan to be carried out.

In order to monitor the actions that different actors/duty bearers which?will take following the ICN2 and their impact, a monitoring and accountability framework will be defined when and by whom?through an inclusive process meaning what? e.g. public interest CS acting as empowered watchdogs?, in agreement with existing nutrition initiatives and processes such as? If we leave it vague, duty bearers slip away from their obligations, by June 2015. It will include agreed targets and indicators to monitor implementation and follow-up of the outcomes of the Rome Declaration on Nutrition adopted by ICN2 for eradicating hunger and all forms of malnutrition and to improve nutrition for all. What have we learned from what was not done after ICN 1992? This is the crucial point to address with new approaches. …and this is what I do not find here in the whole document.

The purpose of the M&A framework is to make sure that all actions are in accordance with and follow the progressive realization of the RTF. …and I do not see anything on this in this document. Annual benchmarks in this long-term realization of the RTF is what will be monitored. Mostly monitoring processes put in place rather than outcomes which are all intermediate only.

Based on the framework, (bi)annual reports will be produced by watchdog public interest CS and national and international meetings will be held to guide interventions at international, regional and national levels, and to maintain coherence and alignment with actions called for in this ICN2 document and other existing nutrition processes and mechanisms.

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

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

**4.1 Responsibility for action**

The commitments of the Rome Declaration on Nutrition as well as the recommendations of this Framework for Action need to be (converted) materialized into real priority actions in accordance with the situation in each country and shouldmust be supported by appropriate and effective actions at the international level since all MS are signatories of these two documents. Being signatory brings about clear obligations MS being the main, but not the only, duty bearers. According to Extraterritorial Obligations donor agencies and the private sector are also bound. Taking these into account, governments together with public interest CS shouldmust prepare and update national plans of actions, establish priorities, set time frames and identify and commit the necessary human and financial resources. The above CS groups will keep pressure on their governments to comply. Strategies for achieving commitments may vary from country to country. Why adding this? Again, many MS will use this as an escape door. Delete.

**4.1.1 National level**

Within the context of the national plans of action on nutrition developed or updated, governments shouldmust formulate long term progressive realization of the RTF plans with annual benchmarks to then adopt and implement strategies and programmes to achieve the recommendations of this Framework for Action, taking into account their specific problems and priorities (but not using the latter as justifications fro procrastination). In particular, ministries of food, health, agriculture, trade, social welfare, education, employment, information, consumer affairs and planning shouldmust formulate concrete proposals for their sectors to contribute to promoting better nutrition. Is this a dream? Did not work in post 1992….Governments at the local and provincial levels, as well as civil society (and the private sector,) shouldmust be openly invited (encouraged) to participate in and influence the process.

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

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

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

**4.2 International level**

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

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promotion of improved partnerships (Note that a partnership is an agreement between equals), better governance mechanisms (‘better’ may often mean a whole new structure of governance more open to countries in the South and to public interest CS), policy coherence and coordination, and strengthened cooperation among countries. This para has a lot of wishful thinking.

FAO, HLTF, IFAD, IFPRI, SUN, UNESCO, UNICEF, UNSCN, the World Bank, WHO, WFP and WTO as well as other relevant UN and other international organizations shouldmust, in the course of 2015, decide on ways to give appropriate priority to their nutrition-related policies, strategies, programmes and activities aimed at ensuring the vigorous and coordinated implementation of activities recommended in the Rome Declaration and Framework for Action. This wouldwill include, as appropriate, increased assistance to Member States.Vague… Specifically, FAO and WHO shouldmust strengthen and coordinate, within available resources don’t leave open doors to escape –either you mean it or do not say it, their policies, strategies and programmes for accelerating progress on nutrition, taking (into account) as a base the recommendations of this Framework for Action.

The regional offices of UN organizations and regional intergovernmental organizations (are requested) will have to collaborate in and (to) facilitate the implementation and monitoring of the Framework for Action by supporting grassroots participation, as well as regional and interregional S-S cooperation, especially among developing countries.

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

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

**5 RECOMMENDATIONS FOR FOLLOW-UP**

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

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

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

At the national level, governments are urged to appoint or strengthen existing nutrition focal points to coordinate efforts by line ministries and (other stakeholdersargh!) local public interest CS to improve people’s nutrition in accordance with the fulfillment of their HR and RTF, including the following:

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

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

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

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

(e) strengthen collaboration with civil society, community agencies, (focal private sector representatives) and organized citizens on the design and implementation of national action plans as part of the progressive realization of the RTF and its annual benchmarks.

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

Go down

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An Intergovernmental Panel on Nutrition (IPN), composed of national high-level nutrition experts, could be established in 2015 to provide the world with a clear scientific view on the current state of knowledge on nutrition issues. The IPN would review and assess the most recent scientific, technical and socio-economic information produced worldwide relevant to understanding nutrition. It would provide rigorous and balanced scientific information to decision makers and is not expected to conduct any research or to monitor nutrition data. Another top-heavy group? Really needed? I’d say no. Use the money more wisely.

The ICN2 should be viewed as part of the wider process to eradicate hunger and undernutrition, especially in developing countries, and to reverse the increasing incidence of diet-related communicable and non-communicable diseases. Why this last para? What does it add?

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