1. **Do you have any general comments on the draft Framework for Action?**

On reviewing the Framework for Action (FFA) zero draft Action Against Hunger | ACF welcomed the changes made since the last version, however further improvements are required to ensure the Framework for Action (FFA) is fit for purpose to respond to malnutrition effectively.

Action Against Hunger | ACF is of the opinion that the solution to end all forms of malnutrition must be found in a Framework for Action that acknowledges equally the role of better food and health systems (including the care environment) at all levels a more holistic and robust FFA. The multiple causality of malnutrition is inconsistently acknowledged throughout the document, the other systems are equally important. **Our first recommendation is that the zero draft explicitly and consistently indicates that malnutrition is due to poor food and health systems, as well as poor care practices and other factors.**

Whilst the Framework for Action is aligned with the WHA nutrition targets for 2025, in order to align the global community with the timeframe and level of ambition of the proposed Post-2015 Development agenda, **new global nutrition targets to address all forms of malnutrition by 2030 are needed**. **We recommend that the member states of FAO and WHO should extend the timeframe of the endorsed FFA to 2030.**

In the course of 2015, as the Post 2015 Development agenda is negotiated, countries supported by the relevant UN and other international organizations, should set precise and measurable nutrition targets to 2030, building on the 2025 targets, to inform policy and practice all the way to the end of Post-2015 development framework life. A Decade of Action on Nutrition can provide momentum to meet the 2025 WHA targets yet a subsequent five year gap in explicit ambition is not an option if we want to see the transformational change in people’s lives the Post-2015 Development agenda seeks to bring about, including tackling undernutrition.

Millions more children can be reached between 2025 and 2030 with a new global effort based on the principle of ‘no one left behind’ if new international nutrition targets to 2030 are agreed and long-terms plans developed. Ending malnutrition in all its forms and meeting other Sustainable Development Goals (SDGs) including targets such as that on ending preventable child deaths will not be met without 2030 nutrition targets from which further action can be planned.

**Priority action is needed by member states of FAO/WHO that endorse the FFA to ensure that all forms of undernutrition, and particularly acute undernutrition which has been grievously relegated to a response in emergency situations in the past 20 years remain on the development agenda in the transition from the MDGs to the SDGs, to ensure that action on acute undernutrition can contribute to preventing unnecessary deaths and prevents derailments in childhood linear growth.**

**We would like to see a future FFA with more specific mention and commitments by member states of FAO/WHO to a process and timeline in the spirit of participation, debate and identification of indicators that would direct the next steps of implementing National Plans of Action on Nutrition effectively and sustainably at national level.**

Following the 1992 ICN, many countries prepared National Plans of Action on Nutrition (NPANs) reflecting country priorities and strategies for alleviating hunger and malnutrition. It has also been reported that most nutrition policies were not officially adopted (WHO Global Nutrition Policy Review, 2013).

**We recommend that beyond revising or developing NPANs, member states must officially adopt and include NPANs in national budgets to secure political support for their more even and accelerated implementation. Furthermore, clear nutrition goals, targets and timelines or deliverables on food and nutrition must be integrated into national development plans and poverty reduction strategies as part of improving nutrition.** In addition, NPANs should clearly state operational plans and programmes of work; specify roles and responsibilities; identify the capacity and areas of competence required of the Human Resources, include process and outcome evaluation with appropriate indicators and should have the necessary and adequate budget.

The national and global funding of these plans is not explored as a factor for the uneven and often slow implementation. The SUN Movement has been working with SUN Countries to develop costed NPANs. **We recommend that member states, the FAO, WHO and other actors create a process that will assess financing needs, consider the effectiveness, consistency and synergies of existing instruments and frameworks in food, nutrition, health and other nutrition-sensitive sectors, and evaluate additional initiatives, with a view to developing an effective sustainable development financing strategy to end malnutrition. The FAO/WHO and member states as they develop the FFA should be in line with the recommendations of Intergovernmental Committee of Experts on Sustainable Development Financing.**

**The FFA should differentiate between severe acute undernutrition (SAM)and moderate acute undernutrition (MAM). It should include priority actions for MAM in addition to SAM, this is currently lacking in the document**. Ignoring this gap for a holistic and coordinated action to acute undernutrition would be a missed opportunity that will impact on the effectiveness of this FFA and other development goals till 2030.

It is universally accepted, that any gains that can be made through the nutrition-specific or direct nutrition interventions that the health system is best placed to deliver, will not be sustained unless progress is also made on the underlying factors, through nutrition-sensitive interventions. The problem is that we know far less about the types of ‘nutrition-sensitive’ interventions that are likely to work best than we do about nutrition-specific options. ACF believes that waiting for conclusive evidence is not an option; instead we need the ICN2 through the FFA to help **prioritise nutrition-sensitive interventions in a situation where evidence is both limited and unevenly distributed.** As well as potentially helping different stakeholders to enhance the effectiveness of their interventions, the approach performs another important function – by making the best use of the evidence that does exist, it clearly identifies the gaps in this evidence base. Furthermore, the FFA should prioritise action for a more robust and comprehensive research agenda to be developed alongside these priorities to provide the necessary evidence.

**The FFA should adequately establish priority actions to assist countries to link the response to malnutrition in development, with national responses to malnutrition in emergency contexts and protracted crises.**

**2. Do you have any comments on chapter 1-2?**

1. INTRODUCTION

1.1 Background

Chapter one rightly acknowledges the uneven progress and unacceptably slow progress in reducing hunger and malnutrition. **However some background on what has been achieved or not achieved and why is singularly missing in respect to what was pledged at ICN, Rome 1992**:

i. To make all efforts to eliminate before the end of the decade (by 2000): famine and famine related deaths; starvation and nutritional deficiency diseases in communities affected by natural and man-made disasters; Iodine and vitamin A deficiency

ii. To reduce substantially by 2000: starvation and widespread chronic hunger; undernutrition especially among children, women and the aged; other important micronutrient deficiencies including Iron; diet-related communicable and non-communicable diseases; social and other impediments to optimal breastfeed; inadequate sanitation and poor hygiene, including safe drinking water

**This section should present the global trends for all forms of malnutrition – wasting, stunting, obesity, micronutrient deficiencies, and diet-related communicable and non-communicable diseases graphically so we can see how each has progressed from 1992 to the present time**.

It highlights that after the 1992 ICN, countries prepared National Plans of Action on Nutrition (NPANs) and that implementation has been slow or uneven, it should be explicit on why this has been so**. The FFA should highlight what needs to change as part of the priorities of action to ensure the lessons of the past have been learned** **to accelerate progress in the next decade.**

Action Against Hunger | ACFbelievesthechallenge goes beyond improving global and national nutrition and food systems, the challenge is also with the rapid globalisation of national food and nutrition systems, but also with the privatisation of some health systems and services and other sector systems and how these impact on nutrition. The FFA should be aware of this threat or opportunity and how governments, policy and governance should be responding to it strategically.

* 1. Framework for Action

**The FFA’s time frame should be aligned not only with 2025 global nutrition targets but with that of the Sustainable Development Goals (SDGs) till 2030**. The ICN2 should capitalise on this opportunity to advocate for and define a nutrition goal in the post-2015 development agenda and ensure that appropriate nutrition indicators are proposed and adopted within those goals.

**The Framework for Action should be equally aligned with health as much as food systems as it is well recognised that health is an essential part of the equation to achieving good nutritional status.** **Therefore the FFA should also be in line with the Health in All Policies approach**, for public policies across sectors that systematically take into account the health implications of decisions in other sectors e.g. agriculture, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. The approach is founded on health-related rights and obligations. It improves the accountability of public policy makers for health impacts, in this case public health nutrition at all levels of policy making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being. This can be applied to food systems and would ensure that policymakers are aware that malnutrition is directly responsive not only to food policies and systems but to health policies and systems as well.

Although the FFA is calling a lot for some things that have been started under the SUN Movement, there appears to be a risk of duplication. **Country assessments should only be espoused for countries that have not reviewed or drafted the nutrition priorities under the guidance of the SUN Movement. What most of these countries need now are resources to implement their plans rather than further assessments of their needs.**

2. INSTITUTIONAL MECHANISMS TO IMPROVE NUTRITION

2.1 Enabling environments

The word **equity** is key in this section and **we recommend that it should be the 5th key element – equity access to preventive and curative nutrition services and actions throughout the life span**, with particular strategic emphasis on the 1000 day window for women and children and other key stages of the life cycle and for other vulnerable groups.

2.2 Better governance for nutrition

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

**We recommend that involvement of the affected population groups should go beyond consultation and should enable participation of these groups**. A defined participation and involvement of civil society is also vital to the process of formulating local appropriate and socially inclusive policies and ways of guaranteeing participation, accountability and transparency should be included in future drafts.

**We recommend including professions by sector as this would be more inclusive rather than listing specific professions such as professional nutritionists which could be construed as exclusive**. Medical professionals such as nurses and doctors are more common in some of these countries than professional nutritionists, water and sanitation specialists, rural and urban development specialists, agriculturalists, economists are a key profession and policy makers that is erroneously overlooked and their actions have a significant impact on nutrition.

The additional priority options to consider would be:

* *Encourage and foster wide and vibrant civil society participation in the (global and national) debate and negotiation of the FFA process following the ICN2*
* *Agree a diagnostic framework to help to make effective policy and programming choices (based on evidence), prioritising nutrition-sensitive interventions with the highest likely potential for impact, combining these interventions and aligning them to nutrition specific interventions and adapting these to local contexts.*
* *Ensure that Finance Ministers and other Ministers from Education and Sanitation are part of the FFA process to maximise potential for government commitment*

*Institutional arrangements that encourage effective multisector working*

Firm political back up is required to embed and mainstream nutrition security objectives in key ministries, bodies and institutions.

**Institutional arrangements should also encourage effective multisector coordination across government, across UN agencies with a responsibility for nutrition or sectors that have an impact on nutrition**, certainly improved UN agency coordination for acute malnutrition is urgently required. Finally, **Government coordination and oversight of NGO contributions to nutrition and other essential sectors to nutrition at national level are essential to ensure that services are delivered and actions are taken where, when and for whom they are needed as they are needed.**

*Facilitation of effective implementation at all levels*

Concerted efforts to institute accurate assessment of the needs, coverage and gaps, will lead to more effective design of programmed and implementation and monitoring of programmes and policies. Effective implementation and monitoring will depend on both adequate levels and quality of funding for programmes. Facilitation of effective implementation should also go beyond national borders to regional and international level and requires the participation of bilateral, multilateral and INGOs, academia and others.

*Assessment and accountability*

Regular assessment of progress by national government and multilateral institutions will depend on **effective and viable nutrition information management systems that should ideally be integrated with national and international food and health information systems and be available at community level.** In addition to the factors identified currently in the document, assessments should also analyse the **inputs** to nutrition that includes service delivery (access, coverage, quality, safety), health workforce, information (prevalence, incidence, mortality rates), nutrition products and technologies and food supplies, financing, leadership and governance in relation to the output i.e. improved nutrition, responsiveness of policies and strategies and plans, and social and financial risk protection and efficiency.

The assessment and accountability section stipulates indicators such as climate change and political conflict among others, it falls short of encouraging the inclusion of inequality and right based or social factors which ACF believe are at the heart of the nutrition crisis and which are essential to enable policy makers to design policies.

A strong monitoring and evaluation culture is also vital to track the impact of FFA policy actions and to incentivize and improve their implementation. National nutrition surveys should be conducted routinely in a timely manner to assess trends in nutrition overtime.

**The FFA should identify relevant indicators related to determinants of nutritional status used by other sectors to ensure intersectoral understanding and coherence in monitoring and evaluating nutrition-related indicators and determinants.**

*Engage implementation partners*

The engagement and participation of all multisectoral partners is crucial. Examining the linkages, dialogue and flows between multisectoral partners and professionals is important. Participation is a key word in this section, engagement without full participation is meaningless.

**Priority actions for nutrition governance**

* *Develop strategic leadership and collaborative working*
* *Establish a cross-government, inter-sectoral governance mechanism, including the engagement and* ***participation*** *of local and intermediate level governments.* *Effective coordination must be cross-ministerial on the horizontal axis and extend to district, municipal and village levels on the vertical axis.*
* *National surveillance and assessment of the population's nutritional status and wellbeing that include appropriate and relevant nutrition indicators and provide information that can be disaggregated adequately to pinpoint inequities*.
* Assessing the evidence of effectiveness of nutrition interventions, programmes and services including *geographic and programme coverage of curative and preventive nutrition services.*
* *Policy and strategy development and implementation and improved use of surveillance and coverage data by policy makers*
* *Establish linkages between curative and preventive nutrition services for a more holistic approach to tackling malnutrition for greater impact and efficiency and effectiveness*.
* *Establish multi-stakeholder platforms, including engagement* ***and participation*** *of local communities, with adequate mechanisms to safeguard against potential conflicts of interest*
* *There needs to be alignment and coordination of donor funding and action at both national and global level as embodied by the SUN Movement Donor Network, but there also needs to be greater funding for multisectoral programmes and projects.*
* *The use of the data by policy makers should be improved and the information required, should be available, particularly at community level.*
  1. Financing for improved nutrition outcomes

Investment for improved nutrition outcomes requires a twin-track approach. For years investment has focused on the nutrition-sensitive interventions, focussing on financing in sectors other than nutrition. Historically, financing for improved nutrition outcomes in development have been severely neglected. The investment there was focussed on food aid. Food aid has some value in emergency settings but unfortunately, food aid has become synonymous with nutrition. Essential nutrition interventions such as the management of acute malnutrition or wasting were consigned to humanitarian crises and were thus subject to short-term funding cycles granted mainly to INGOs and multilateral agencies rather than governments, whilst a majority of the acutely malnourished children live in contexts not considered as humanitarian crises.

Meanwhile, nutrition actions to progress optimal infant and young child feeding were also poorly financed as their implementation rely on recurrent costs, i.e. staff salaries and have been poorly implemented in some regions and some of the poorest countries due to this. Finally micronutrient supplementation has been widely adopted but again this alone cannot address stunting or wasting.

National nutrition action plans need to be included in the national budget. The ultimate aim is to provide nutrition services that have no cost attached at the point of delivery. The World Bank (2010) estimated that global investment needed an additional $11.8 billion annually, in addition to current spending levels, to scale up a comprehensive set of nutrition specific interventions but could not estimate a figure for nutrition-sensitive interventions. International or external and domestic sources of financing for both types of nutrition interventions are required in long-term funding cycles for development and should be at a level that is adequate in quantity and quality to assist committed government partners to implement their plans. Continuity of relevant, aligned and complementary financial investment from host governments and international donors is essential the FFA should include commitments by donor countries (such as the Nutrition for Growth, SUN and others), especially in cases where budget support is necessary for policy effectiveness.

Stable, transparent and predictable financial commitment can help enhance policy coherence, coordination, country ownership, budget tracking and multi-stakeholder participation. ACF together with IDS has suggested options for innovative funding, which are relevant for this discussion, in the series on Aid for Nutrition. Through debating innovative ways in which the costs of scaling up nutrition interventions can be equitably and effectively shared, it is hoped that the FFA will prompt donors and SUN signatory countries, as well as others with high undernutrition burdens, to invest in scaling up nutrition.

**Priority action should include in addition:**

* *Detailed, timely and routine analysis of national and global nutrition financing is required annually that focuses on disaggregated for the nutrition-specific and nutrition-sensitive interventions for monitoring progress, transparency and accountability.*
* *Record all funds for nutrition in the national budget, poverty reduction strategies and development plans*
* *Harmonisation and alignment of funds for nutrition with national financial management systems*
* *Harmonisation and alignment of nutrition inputs with national procurement and supply systems*
* *Finance a comprehensive set of nutrition specific interventions to be implemented at scale even though the scale and scope of each intervention will depend on each country’s needs alongside nutrition-sensitive interventions.*
* *External international resources should be adequate, timely, long-term in duration, aligned with country needs, complimentary and seek to support the poorest countries with the worst burdens of malnutrition and investigate a range of options for burden sharing between domestic and external financing of costed national nutrition plans.*
* *Options for predictable and long term financing to enable a bringing to scale of tested and evidence based country initiatives, for the prevention and treatment of all forms of malnutrition (in non-crisis situations) should be drawn from the Intergovernmental Committee of Experts on Sustainable Development Financing’s findings.*

**Do you have any comments on chapter 3 (3.1 Food systems, 3.2 Social Protection; 3.3 Health; 3.4 International trade and investment)?**

3.1 Food systems

**Statements such as ‘Increasing productivity and economic growth can improve nutrition outcomes’ and ‘Income growth is associated with reductions in undernourishment’ are misleading and need to be rephrased**. Economic growth does not necessarily lead to improved nutrition (ref: the Lancet Global Health, reported on the largest study to date to examine this issue with data from 1990-2011 in 36 LMIC including India, Colombia, Nigeria and many sub-Saharan nations and suggests that increases in pre head gross domestic product (GDP) over the two decades have generally not been associated with improvements in child nutritional status as economic growth can be unequally distributed, not spent in ways to enhance nutrition, increases in household income may not be accompanied by the necessary public services and societal infrastructure to improve childhood nutritional status, e.g. additional income may be spent on non-food items. The report suggests that there is a need to focus on direct investments in health and nutrition, and not rely on the so-called trickle-down approach to improve nutrition.

Dietary diversity, in addition to health and a healthy environment are key determinants of nutritional outcomes.

A statement suggesting that - **Healthy food systems should be aligned to health systems that integrate the treatment of acute malnutrition and the prevention of micronutrient deficiencies and other forms of malnutrition, as well as the promotion of optimal maternal, infant and child nutrition are nutrition-enhancing,** would be much appreciated.

Add a new sentence at the end of this sentence: To address malnutrition, we need to ………..and prepare such foods**.** **In addition we need to have the appropriate curative and preventive nutrition services in the health and other sectors.**

3.1.1 Food environments

**The section on regulating marketing should include enforcement or adequate implementation of the International Code of Marketing of Breast milk substitutes and subsequent World Health Assembly resolutions and the full set of actions recommended in the Global Strategy on Infant and Young Child Feeding.**

3.3 Health

Priority actions should also include

* *Strong health systems are also needed to correctly identify all forms of malnutrition, in order to be able to treat and prevent them.*
* *Deliver a comprehensive set of nutrition interventions that are integrated in health programmes at all levels of the health system from national, district, primary and community, for women of child-bearing age, pregnant and lactating women and children under 5 years and other vulnerable groups.*
* *Health services (curative or medical nutrition interventions) need to be clearly linked with other sectors (preventive nutrition-sensitive interventions -to be able to effectively deliver on nutrition.*
* *Nutrition services should be free at point of delivery*

3.31 Delivery of effective nutrition interventions

**ACF recommends that investment in, and scaling up of nutrition-specific interventions is required in FOUR rather than THREE key areas**:

1. Optimal infant and young child feeding
2. Addressing micronutrient deficiencies
3. **Therapeutic feeding of severe acute malnutrition in children under 5**
4. Improving maternal nutritional status before, during pregnancy and AFTER pregnancy whilst still breastfeeding at the very least.

ACF is encouraged to see that the first draft of the FFA considers wasting as a distinct issue that needs specific policies and targeted interventions. We hope that the ICN2 will carry this through to the post 2015 development dialogue and transition to the SDGs. **We feel, however, that the actions and priorities remain somewhat unbalanced and that more emphasis should be given on the priority actions for the two main types of wasting separately, disaggregated by severity; moderate acute malnutrition (MAM) and severe acute malnutrition (SAM), both collectively known as wasting.** While prevention is the ideal and most preferred step towards the management of wasting as a whole, priority actions are not the same for both. This needs to be reflected in the narrative of the FFA. Urgent action to scale up the treatment of SAM is needed to minimize and avoid the risk of childhood death. However, coverage of this intervention is severely inadequate and in the worst affected countries the majority of children with SAM cannot access treatment at the Primary Health Care Level or indeed in the community, and most are never brought to district health facilities. However, with the Community-based Management of Acute Malnutrition (CMAM) approach, once identified as wasted, a child is assessed following the Integrated Management of Childhood Illness (IMCI) criteria and a child is treated either in a facility as an in-patient (if they have other illnesses) or in the community with weekly follow up as an outpatient. The approach has proved to be successful in widening access treatment to children afflicted by the condition, particularly SAM even though coverage is largely inadequate at just over 10% of the actual need.

The full CMAM approach includes the management of MAM, SAM and robust community sensitization, mobilization and participation to facilitate early detection and treatment before complications set in. The approach was pioneered in emergency settings and is proving just as successful in non-emergency settings, however governments and donors are just beginning to realise the need for urgent action and there is still a lot be done before the majority of children with SAM can access the treatment they need. The health system can play a crucial role in delivering on the approach, particularly the treatment of SAM and it can also take on community sensitisation, mobilisation and participation but there has been a poor uptake of the management of MAM for various reasons. Hence, it is worth differentiating where and how the management of MAM can be taken on as this is also a major consideration in the priority actions to address wasting. There is on-going debate and research on the best way to address MAM in development contexts, and the FFA should give clear guidance on how governments can manage SAM and MAM.

Priority actions on wasting should also include:

* *Although it has been clearly identified that there is a clear link between SAM and childhood mortality, there needs to be a priority action to address the immense gap in the monitoring and statistics in relation to this to evaluate progress and aid policy makers.*
* *Governments in collaboration with WHO/UNICEF should monitor and report mortality due to SAM annually as part of health surveillance. This data is crucial for policy-makers, planning, funding and advocacy.*
* *High burden countries should establish national wasting targets to help focus efforts, national evaluation and accountability for tackling acute malnutrition at national level in line with the WHO global target to reduce acute malnutrition to below 5% by 2025 (and in line with growing consensus on a 2030 global rate of less than 4%).*
* *Promote the integration of the treatment of severe acute malnutrition into the essential package for the management of common childhood illnesses where applicable using the* [*Integrated Management of Childhood Illness*](http://www.unicef.org/health/index_imcd.html) *(IMCI) strategy at facility level and Integrated Community Case Management (iCCM) at community level are a central part of essential child survival strategies that need to be implemented at scale and governments must ensure that this is included in their essential package of child health strategies.*
* *Strengthening of national health systems through a nutrition lens is required for effective, efficient and equitable planning and delivery of essential services to treat SAM in health.*
* *Governments and donors to increase domestic and external long-term funding for the prevention and treatment of severe acute malnutrition in development and non-crisis contexts and humanitarian funding for nutrition in protracted crises.*
* *Governments should set national targets for coverage of treatment of severe acute malnutrition that can be reviewed periodically to monitor progress.*
* *Developing more effective ways to tackle moderate acute malnutrition, including exploring the use of cash-based approaches, investment in the prevention of MAM through cross-sectoral initiatives and improved nutrition-sensitive programming.*
* *Ensuring that the relevant UN agencies (WHO, UNICEF, WFP) develop a coordinated strategy on the treatment of acute malnutrition that is linked to the prevention of undernutrition (FAO).*
* *Most children tend to suffer from both stunting and wasting and the relationship between the two conditions needs to be better researched for more effective policies and programming.*

**Do you have any comments on chapter 4-5?**

4. ACCOUNTABILITY MECHANISMS

There needs to be some clarity in this section.

For example, will the biannual reports be separate and different from the Global Nutrition Report?

Will these mechanisms adhere to the Paris, Accra and other agreements already in place or are new accountability mechanisms to be developed?

1. RECOMMENDATIONS FOR FOLLOW-UP

ACF would welcome an international set of commitments coming out of the ICN2 to sustain and direct future action on nutrition. We also acknowledge and support the aspirations of FAO and WHO to advocate and rally commitments throughout its member state committee and at the highest level within the UN. We share the assessment that better nutrition is not only an issue for development but also a foundation from which we can strive for a universal realisation of the right to food.

Giving a HIGH POLITICAL PROFILE to the objective of ﬁghting malnutrition is at the heart of any plausible solution.

Following on from this ACF would like to see an agreed commitment and the immediate start of a time bound process to bring the FFA, as suggested in point 5.a, to country level. For the roll out of the FFA to be successful we believe it must be built on: (i) the adoption of truly a multi-sectoral approach, (ii) the adoption of a multi-phased approach – combining both short and long-term approaches to improve nutrition, (iii) ensure institutionalised coordination and long-term commitment to scaling up actions that have the highest track record to reduce undernutrition, (iv) adopt and encourage civil society ownership and participation of affected population and finally, (v) continuity of relevant financial investment from governments and the international donor community, especially in cases where budget support is compulsory for policy effectiveness. Private investment can and will play a role but must remain subordinate and regulated by the overall goal of the ICN2 of better nutrition for all.

**3. Does the Framework for Action adequately reflect the commitments of the Rome Declaration on Nutrition, and how could this be improved?**

The FFA should provide a timeline for incorporating specific nutrition outcomes in nutrition-sensitive planning which should be monitored on an ongoing basis to fill gaps in evidence.

National governments, external donors and other nutrition actors, especially those who are signatories of the SUN Movement, should improve their understanding of how cross-sectoral linkages can improve nutrition outcomes and reach out to complementary sectors to implement nutrition-sensitive interventions.

All nutrition actors should further cooperate to develop a consistent approach to prioritising interventions, and coordinate their activities so that they complement each other, thus achieving greater impact than any one sector could achieve alone.

**4. Does the Framework for Action provide sufficient guidance to realize the commitments made?**

As it stands we don’t believe that it does, particularly for the non-food, non-agriculture sector. The way that some of the document is written is that food systemscause malnutrition and other sectors are sensitive to that. However, this doesn’t quite work well.

The Declaration acknowledges that different forms of malnutrition co-exist but the FFA does not address this point adequately e.g. treats wasting and stunting separately. Wasting is used as a generic term in the FFA, but moderate acute malnutrition and severe acute malnutrition do not have the same actions.

Although the Declaration mentions physical activity, the FFA does not have much guidance on physical activity policies and actions, education of women – not limited to nutrition education, which have been proven to improve malnutrition.

The FFA makes assumptions that do not take into account free market mechanisms and the increasing import of food by developing nations and how this affects food systems and nutrition.

Most of the FFA guidance is focused on outputs and not so much the inputs needed in food, food and other systems.

The FFA should have a strategy to ensure that all forms of malnutrition will be included in the new SDGs of the Post-2015 development framework.

The FFA is also minimal in its treatment of the legislative and regulatory frameworks

The FFA should provide guidance on how to link nutrition-specific interventions to nutrition-sensitive interventions as both are equally needed and should be delivered in tandem to realize the commitments made and involve cross-sectoral working. FFA should provide a platform which improves the ‘nutrition sensitivity’ of existing programmes throughout the food system including agriculture, early child development, social protection and primary and secondary education and other sectors.

**5. Are there any issues which are missing in the draft Framework for Action to ensure the effective implementation of the commitments and action to achieve the objectives of the ICN2 and its Declaration?**

What is presently missing is enough focus on targets, timelines and responsibilities. The narrative is lengthy and might distract somewhat from the key focus of the document to guide the search for priority actions and commitments. We would like to see in future drafts a set of more balanced priority actions and all the factors underlining the nutrition crisis described in the introduction and proposed by the FFA.

The document is largely missing analysis of where action can be hosted and further developed and how member states of the FAO and WHO will ensure that lessons are learned and incorporated in the future process of rolling out the FFA on policy, implementing evidence based nutrition interventions accountability and broad based participation (including civil society and transparency.

We trust that the FAO and WHO share our concern that the ICN2 will not be limited solely to a meeting but must result in action on institutional cooperation committed to scaling up and sustaining nutrition-specific and nutrition sensitive action. It must be debated, agreed and owned by member states, UN and civil society and finally enabled by a continuity of relevant financial investment from governments and the international donor community, especially in cases where budget support is compulsory for policy implementation and effectiveness.