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## **Outcome of the Second International Conference on Nutrition**

### **Biennial report**

1. In November 2014, FAO and WHO jointly hosted the Second International Conference on Nutrition, which adopted the Rome Declaration on Nutrition and its companion Framework for Action.<sup>1</sup> In 2015, the Sixty-eighth World Health Assembly adopted resolution WHA68.19, in which it endorsed the outcome documents of that Conference and requested the Director-General, in collaboration with the Director-General of the FAO and other United Nations agencies, funds and programmes and other relevant regional and international organizations, to prepare a biennial report to the Health Assembly on the status of implementation of commitments of the Rome Declaration on Nutrition. The Conference of FAO at its thirty-ninth session also endorsed the outcome documents and urged FAO Members to implement the commitments set out in the Rome Declaration and the recommendations in the Framework for Action.<sup>2</sup>

2. This biennial report has been compiled by FAO and WHO for submission to both the Health Assembly and Conference of FAO (at its 40th session). It outlines progress made in the follow-up actions of the Second International Conference on Nutrition over the course of the period 2015–2016, including key developments at international and country levels.

### **IMPLEMENTATION OF COMMITMENTS BY THE SECOND INTERNATIONAL CONFERENCE ON NUTRITION AT INTERNATIONAL LEVEL**

3. The United Nations General Assembly adopted resolution 70/259, in which it endorsed the Rome Declaration on Nutrition and the Framework for Action, and included in the 2030 Agenda for Sustainable Development a goal that specifically aims to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture (Goal 2). In resolution 70/259, it also decided to proclaim 2016–2025 the United Nations Decade of Action on Nutrition, and called upon FAO and WHO to lead the implementation of the Decade of Action, in collaboration with WFP, IFAD and UNICEF and to develop a work programme along with its means of implementation, using coordination mechanisms such as the United Nations Standing Committee on Nutrition and multistakeholder platforms such as the Committee on World Food Security, in line with its mandate, in consultation with other international and regional organizations and platforms. It also invited the Secretary-General to inform the General Assembly about implementation of the Decade on the basis of the biennial reports jointly compiled by FAO and WHO.

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<sup>1</sup> Available at, respectively: <http://www.fao.org/3/a-m1542e.pdf> and <http://www.fao.org/3/a-mm215e.pdf> (accessed 21 April 2017).

<sup>2</sup> Available at: <http://www.fao.org/3/a-mo153e.pdf>, page 13 (accessed 21 April 2017).

4. In resolution WHA69.8 (2016) the Health Assembly welcomed resolution 70/259 and requested the Director-General to work with the Director-General of FAO “to support Member States, upon request, in developing, strengthening and implementing their policies, programmes and plans to address the multiple challenges of malnutrition, and convene periodic meetings of inclusive nature to share best practices, including consideration of commitments that are specific, measurable, achievable, relevant and time-bound (SMART) within the framework of the Decade of Action on Nutrition (2016–2025)”.

5. The work programme for the Decade of Action on Nutrition<sup>1</sup> has been developed through an inclusive, continuous and collaborative process, including face-to-face discussions with Member States and two open online consultations organized by United Nations Standing Committee on Nutrition.

6. The aim of the Decade of Action is to provide a clearly-defined time-bound operational framework that works within existing structures and available resources to implement the commitments made at the Second International Conference on Nutrition and in the 2030 Agenda for Sustainable Development. The Decade of Action’s added value is to establish a defined period to set, track and achieve agreed outcomes, produce impact and put in place an accessible and transparent mechanism for tracking progress and ensuring mutual accountability for the commitments made. It will build on existing efforts, promote alignment among actors and actions, accelerate implementation of commitments, and foster new commitments in line with the transformative ambitions of the Sustainable Development Goals, the outcome documents of the Second International Conference on Nutrition, and the targets adopted by the Health Assembly in resolution WHA65.6. Its actions will be inclusive and the Decade of Action will provide an enabling framework such that policies and programmes respect, protect and fulfil human rights obligations and gender considerations.

7. The work programme of the Decade of Action embraces six cross-cutting and connected action areas derived from the recommendations in the Framework for Action:

- (a) sustainable, resilient food systems for healthy diets;
- (b) aligned health systems providing universal coverage of essential nutrition actions;
- (c) social protection and nutrition education;
- (d) trade and investment for improved nutrition;
- (e) safe and supportive environments for nutrition at all ages;
- (f) strengthened nutrition governance and accountability.

8. The means of implementing the Decade include:

- (a) Member States’ submission to FAO and WHO of specific, measurable, achievable, relevant and time-bound commitments for actions, in the context of national nutrition and nutrition-related policies and in dialogue with a wide range of stakeholders, that are tracked through an open access database;

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<sup>1</sup> <http://www.who.int/nutrition/decade-of-action/workprogramme-2016to2025/en/>

- (b) the convening of action networks, namely informal coalitions of countries aimed at advocating the establishment of policies and enactment of legislation, allowing the exchange of practices, highlighting successes and providing mutual support to accelerate implementation;
- (c) the convening of public meetings for planning, sharing knowledge, recognizing success, voicing challenges and promoting collaboration;
- (d) the mobilization of financial resources to support implementation of national policies and programmes.

9. In October 2016 the Committee on World Food Security at its forty-third session endorsed a framework to step up its contribution to the global fight against malnutrition and serve as an intergovernmental and multistakeholder global forum on nutrition.<sup>1</sup>

## IMPLEMENTATION OF COMMITMENTS BY THE SECOND INTERNATIONAL CONFERENCE ON NUTRITION AT COUNTRY LEVEL<sup>2</sup>

10. *Preventing all forms of malnutrition.*<sup>3</sup> In 2014–2016, globally 793 million people were estimated to be undernourished – a drop of 216 million since 1990–1992.<sup>4</sup> In 2016 globally child stunting, wasting and overweight rates were 22.9% (155 million), 7.7% (52 million) and 6.0% (41 million) of all children aged under 5 years. The rate of exclusive breastfeeding among infants less than 6 months reached 43% and the prevalence of anaemia in women of reproductive age was 29%.<sup>5</sup> In 49 countries the rate of stunting had fallen since 2012<sup>6</sup> and in 36 the rate of exclusive breastfeeding had increased.<sup>7</sup> Conversely, the prevalence of overweight is increasing and that of anaemia is not decreasing.<sup>6</sup> The prevalence of obesity in adults more than doubled between 1975 and 2014; in 2014 11% of men and 15% of women were obese.<sup>8</sup>

11. *Increasing investments.*<sup>9</sup> The World Bank estimates that the current yearly global spending on nutrition-specific interventions against stunting, severe acute malnutrition and anaemia in women and

<sup>1</sup> <http://www.fao.org/3/a-ms023e.pdf>, accessed 26 April 2017.

<sup>2</sup> National data are based on self-reporting by countries for WHO's second Global Nutrition Policy Review (2016–2017); the Status Report 2016 on national implementation of the International Code of Marketing of Breast-milk Substitutes; WHO's Global database on the implementation of nutrition action; and WHO's Noncommunicable Diseases Country Capacity Survey in 2015.

<sup>3</sup> Commitment (a) of the Rome Declaration on Nutrition.

<sup>4</sup> FAO. The State of Food Insecurity in the World 2015: key messages (see <http://www.fao.org/hunger/key-messages/en/>, accessed 28 April 2017).

<sup>5</sup> Data for 2011.

<sup>6</sup> WHO's Global targets tracking tool, November 2016 (<http://www.who.int/nutrition/trackingtool/en/>, accessed 21 April 2017).

<sup>7</sup> Global Nutrition Report 2016: From promise to impact: ending malnutrition by 2030. Washington, DC: International Food Policy Research Institute; 2016 (<http://www.ifpri.org/publication/global-nutrition-report-2016-promise-impact-ending-malnutrition-2030>, accessed 21 April 2017).

<sup>8</sup> NCD Risk Factor Collaboration. Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19.2 million participants. *Lancet*. 2016 Apr 2;387(10026):1377–96.

<sup>9</sup> Commitment (b) of the Rome Declaration on Nutrition.

to promote exclusive breastfeeding is US\$ 2900 million from government sources and US\$ 1000 million from donors.<sup>1</sup> To attain the Health Assembly's targets an additional US\$ 7000 million per year should be spent over the next 10 years.<sup>2</sup> Donor funding for nutrition is primarily focused on undernutrition; less than 2% goes to noncommunicable diseases (US\$ 611 million in 2014).<sup>2</sup>

12. *Raising the profile of nutrition in national policies.*<sup>3</sup> Currently, 183 countries have national policies on nutrition, 105 countries have health sector plans with nutrition components and 48 have integrated nutrition objectives in their national development plans. Among 60 United Nations development assistance frameworks analysed, 50% include the global nutrition targets adopted by the Health Assembly. More than 70 countries worldwide have made efforts in 2014 and 2015 to mainstream food security and nutrition in sectoral policies and investment programmes.<sup>4</sup>

13. *Strengthening human and institutional capacities.*<sup>5</sup> In WHO's second Global Nutrition Policy Review (2016–2017) 73 countries indicated that they have trained nutrition professionals, and 63 provide training for health workers on maternal and child nutrition. Capacity-building has been carried out on food safety, the Codex Alimentarius and antimicrobial resistance.

14. For reporting on progress in implementing the recommendations in the Framework for Action, they have been grouped in six action areas:<sup>6</sup>

(1) *Sustainable, resilient food systems for healthy diets*<sup>7</sup>

- Adoption of improved practices related to agroforestry and agroecology, climate change adaptation, peri-urban and school gardening has been documented in more than 90 countries.
- Efforts to improve the nutrition quality of the food supply are underway with 67 countries fortifying wheat, 102 fortifying salt with iodine and 42 fortifying oils with vitamin A. Fifty countries are implementing product reformulation (mandatory or voluntary) and at least 10 have established measures to reduce the content of *trans*-fatty acids in food products.

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<sup>1</sup> <http://www.worldbank.org/en/topic/nutrition/publication/investing-in-nutrition-the-foundation-for-development> (accessed 21 April 2017).

<sup>2</sup> Global Nutrition Report 2016: From promise to impact: ending malnutrition by 2030. Washington, DC: International Food Policy Research Institute; 2016 (<http://www.ifpri.org/publication/global-nutrition-report-2016-promise-impact-ending-malnutrition-2030>, accessed 21 April 2017).

<sup>3</sup> Commitment (d) of the Rome Declaration on Nutrition.

<sup>4</sup> FAO. Mid-term review synthesis report – 2016, available at: <http://www.fao.org/3/a-ms430e.pdf> (accessed 21 April 2017).

<sup>5</sup> Commitment (e) of the Rome Declaration on Nutrition.

<sup>6</sup> National data are based on self-reporting by countries for WHO's second Global Nutrition Policy Review (2016–2017); the Status Report 2016 on national implementation of the International Code of Marketing of Breast-milk Substitutes; WHO's Global database on the implementation of nutrition action; and WHO's Noncommunicable Diseases Country Capacity Survey in 2015.

<sup>7</sup> Recommendations from Framework for Action: 9–10, 11 12, 14, 50, and 53–54, 55, 56, 57. See also commitment (c) of the Rome Declaration on Nutrition.

- Twenty-seven countries have been supported to reduce food loss and waste through awareness-raising campaigns, capacity-building and evidence-based policies. In increasing numbers countries are considering sustainability in their food-based dietary guidelines.
- Fifty-one countries have policies to reduce marketing of food and non-alcoholic beverages to children; about 30 countries have reported using fiscal policies to drive food choices. Eleven countries have improved various aspects of their national food control systems.
- Prevention and mitigation of food insecurity risk have been implemented in 57 countries and 28 countries have applied socioeconomic measures that reduce vulnerability and strengthen resilience of communities at risk of threats and crisis.

(2) *Aligned health systems providing universal coverage of essential nutrition actions*<sup>1</sup>

- The main interventions delivered are supplementation with iron or iron and folic acid to women of reproductive age (111 countries), supplementation with vitamin A (71 countries), iron (37 countries), zinc (33 countries), and multiple micronutrient powders (47 countries) to children under 5 years of age. In 63 countries deworming programmes are being conducted. Nutrition is integrated into programmes on HIV/AIDS in 71 countries and on tuberculosis in 57 countries.

(3) *Social protection and nutrition education*<sup>2</sup>

- Forty-two countries deal with nutrition through social protection, and 38 implement conditional cash transfers.
- On nutrition education,<sup>3</sup> 108 countries provide counselling on healthy diets and 90 run media campaigns. Eighty-nine countries reported that they have school health and nutrition programmes, 61 including nutrition education. In 116 countries food-based dietary guidelines have been developed and many countries are implementing nutrition labelling, but only 25 indicated they have front-of-pack labelling. Food safety is integrated with nutrition programmes through WHO's Five Keys to Safer Food.

(4) *Trade and investment for improved nutrition*<sup>4</sup>

- FAO supported countries and regional economic communities in the formulation and implementation of 18 international trade agreements. WHO promoted the use of international food safety standards through the SPS Committee. Some countries have imposed restrictions and tariffs on imports on foods high in fats, sugars and salt, sometimes facing challenges to comply with international trade agreements.

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<sup>1</sup> Recommendations from Framework for Action: 25, 26, 27, 28, 34, 35, 36, 37, and 44–45, 46, 47, 48, and 49.

<sup>2</sup> Recommendations from Framework for Action: 19, 20, 21, 22, 23, and 24.

<sup>3</sup> See also commitment (h) of the Rome Declaration on Nutrition.

<sup>4</sup> Recommendations from Framework for Action: 4, 8, 17 and 18.

(5) *Safe and supportive environments for nutrition at all ages*<sup>1</sup>

- In 114 countries exclusive breastfeeding is recommended for six months, and 85 countries recommend women to continue breastfeeding until their children are 2 years or older. However, only 11% of births occur in facilities designated as “baby-friendly”; 135 countries have enacted legal measures covering some of the provisions of the International Code of Marketing of Breast-milk Substitutes, but only 39 incorporate all or most provisions. Of 167 countries, 77 currently provide cash benefits for maternity leave of at least two thirds of prior earnings for 14 weeks.<sup>2</sup>
- Forty-six countries have included in their policies or plans actions to create healthy food environments in the workplace, 32 in hospitals, and 97 in schools, but only 40 countries have clear standards for foods and beverages available in schools. Adolescent underweight and anaemia was addressed only in 23 countries.

(6) *Strengthened nutrition governance and accountability*<sup>3</sup>

- One or more intersectoral coordination mechanisms exist in 146 countries. Such mechanisms are chaired by the health ministries in 115 countries and the agriculture ministry in 27, and by the Prime Minister’s or President’s office in 36. Most of these mechanisms are intersectoral and involve multiple stakeholders; 51 countries reported that the private sector is included, a fact that emphasizes the need to have robust safeguards against conflicts of interest.

## **CONTRIBUTIONS BY ORGANIZATIONS IN THE UNITED NATIONS SYSTEM**

15. The Secretariat has developed evidence-informed guidance on healthy diet and effective nutrition interventions and provided technical assistance to 70 countries (22 in the African Region, 10 in the Region of the Americas, six in the South-East Asia Region, 11 in the European Region, 13 in the Eastern Mediterranean Region and eight in the Western Pacific Region), with a focus on dissemination and adaptation of guidelines, nutrition surveillance, capacity-building, and development of strategies, action plans and national legislation. Altogether 154 countries are members of the International Food Safety Authorities Network. WHO developed a 2016–2025 nutrition strategy.

16. FAO has provided technical support to 94 countries (40 in Africa, 20 Asia and the Pacific, five in Europe and Central Asia), 20 in Latin America and the Caribbean, and nine in the Near East and North Africa) with focus on the integration of food-based approaches into multisectoral nutrition strategies and of nutrition in agriculture policies and investment plans, school food and nutrition, nutrition information systems and nutrition education.<sup>4</sup>

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<sup>1</sup> Recommendations from Framework for Action: 13, 15, 16, 29, 30, 31, 32, 33, 38, 39, 40, 41, 42, 43, 51 and 52. See also commitment (g) of the Rome Declaration on Nutrition.

<sup>2</sup> ILO. Women at work: trends 2016. Geneva: International Labour Office; 2016 ([http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_457317.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_457317.pdf), accessed 21 April 2017).

<sup>3</sup> Recommendations from Framework for Action: 1, 2, 3 and 5–6, and 7, 58, 59, 60.

<sup>4</sup> FAO. Mid-term review synthesis report – 2016, available at: <http://www.fao.org/3/a-ms430e.pdf> (accessed 21 April 2017).

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17. UNICEF has supported 127 countries with a high burden of malnutrition, provided vitamin A supplements to nearly 270 million children and supported management of severe acute malnutrition in both development and humanitarian contexts, reaching nearly two million children.<sup>1</sup> UNICEF has a specific outcome for nutrition in its Strategic Plan 2014–2017 and has developed a new nutrition strategy.<sup>2</sup>

18. WFP reaches more than 70 million vulnerable and food-insecure people each year, supporting the development and delivery of national plans and policies to end malnutrition in all its forms. The WFP Strategic Plan (2017–2021)<sup>3</sup> includes a strategic objective in nutrition and a new nutrition strategy has been endorsed.

19. IFAD's investments are aimed at strengthening local food production through smallholder and family farmers, with a focus on women. One third of projects approved for the period 2016–2018 are nutrition-sensitive, aimed particularly at dietary diversification.

20. To enhance coherence in the United Nations system, the United Nations Standing Committee on Nutrition in 2016 issued a new Strategic Plan 2016–2020.

## CONCLUSION

21. International commitments of ICN2 have been implemented. Achievement of global nutrition targets is still off track, but some progress has been made in the implementation of the national commitments. Almost all countries have policies related to nutrition, often covering all forms of malnutrition, although nutrition is not always an objective in sectoral policies or national development plans. Intersectoral coordination mechanisms have been established, often including multiple stakeholders. In general, implementation needs to be expanded, investments have to be increased and greater policy coherence must be created. The Decade of Action on Nutrition provides an opportunity for taking these actions and accelerating progress.

## ACTION BY THE HEALTH ASSEMBLY

22. The Health Assembly is invited to note the report.

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<sup>1</sup> UNICEF. Annual results report 2015: nutrition ([https://www.unicef.org/publicpartnerships/files/2015ARR\\_Nutrition.pdf](https://www.unicef.org/publicpartnerships/files/2015ARR_Nutrition.pdf), accessed 21 April 2017).

<sup>2</sup> UNICEF's approach to scaling up nutrition: for mothers and their children. New York: UNICEF; 2015 ([https://www.unicef.org/nutrition/files/Unicef\\_Nutrition\\_Strategy.pdf](https://www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf), accessed 21 April 2017).

<sup>3</sup> Available at: <https://www.wfp.org/content/wfp-strategic-plan-2017-2021> (accessed 21 April 2017).