World Health Organization

EXECUTIVE BOARD
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Application from the Micronutrient Initiative for admission into official relations with WHO

1. General information

(a) Name and address of the headquarters

Micronutrient Initiative
180 Elgin Street, Suite 1000
Ottawa, Ontario, K2P 2K3
Canada

Website: http://micronutrient.org/

(b) Link to the entity's profile in the WHO Register of non-State actors

http://apps.who.int/register-nonstate-actors/nsa.aspx?id=241

2. Aims/purpose/objective of the entity

Established in 1992 and consequently registered in 2001 in Canada, the Micronutrient Initiative has as its purpose to ensure that the world's most vulnerable people – especially women and children – in developing countries get the vitamins and minerals they need to survive and thrive. Its mission is to be a global leader in advancing integrated, innovative and sustainable solutions to reduce vitamin and mineral deficiencies, through advocacy and by providing technical and programmatic support, in collaboration with others.

3. Other criteria for the admission of the entity into official relations with WHO

International structure/scope: The Micronutrient Initiative has its headquarters in Canada and regional offices in India (Asia) and Senegal (Africa). It also has offices in four other countries in Africa, six other countries in Asia and one other country in the Americas. It has, or has had, activities in approximately 70 countries.

Constitution/by-laws: The entity has by-laws that have been in force and effect since 2001.

Governing body: The affairs of the corporation are managed by the Board of Directors, which should comprise a minimum of three members; currently, there are 13. Board members are elected for a three-year term by the other members from a list of candidates put forward by a nominating committee. The Board of Directors may appoint an executive, finance and audit committee or any other committee it deems necessary or appropriate, with such powers as it sees fit.

Administrative structure: The Micronutrient Initiative has its headquarters in Ottawa, Canada, and its day-to-day management is overseen by the Executive Management Committee. It has registered branch offices in a number of countries in Asia and sub-Saharan Africa which have been identified as core countries, and retains project staff and offices in other countries.

Financial information: Its annual income consists mostly of contract income, of which the majority (approximately 85%) comes from the Government of Canada. The rest of its income comes either from contracts with a variety of other entities (9%) or from interest income.

4. Collaboration with WHO

(a) Activities carried out with WHO over the past three years

WHO and the Micronutrient Initiative have a long-standing relationship of collaboration that goes back more than 10 years. The Initiative has lent technical support to WHO at headquarters and in the regional offices by contributing in WHO Expert Groups, developing systematic reviews, conducting knowledge translation workshops, providing feedback on technical documents, supporting the maintenance of the Vitamin and Mineral Nutrition Information System, and participating in a partners' group to guide the development of the WHO e-Library of Evidence for Nutrition Actions and the Global Database on the Implementation of Nutrition Action, among others. Furthermore, they have collaborated in multiple technical, advocacy and country-support activities to improve the adoption of evidence-informed guidelines, build in-country capacity in research and surveillance, and enhance programme implementation, with the ultimate goal of improving the nutritional status, health and prospects for survival of populations, particularly women and children.

In the last three years (2013–2015), collaborative efforts have specifically been focused on the following activities:

(i) **Development of up-to-date evidence to inform policy-making.** The Micronutrient Initiative and WHO co-authored two peer-reviewed papers and led the process to develop or update more than 10 Cochrane systematic reviews, to inform decision-making. Topics included the fortification of staple foods and condiments; nutrition interventions for antenatal care; and point-of-use fortification in children. An evaluation of the WHO evidence-informed guideline development process in nutrition was also conducted to inform WHO about areas of opportunity for the next biennium.

(ii) **Vitamin and mineral surveillance.** The Micronutrients Database of the WHO Vitamin and Mineral Nutrition Information System was updated and maintained through the addition of new surveys and useful resources for Member States. The new survey data have informed the development of global and regional estimates on anaemia and vitamin A deficiency and the triennial report to the World Health Assembly on iodine status. Five summaries of clinical or biochemical indicators to assess vitamin and mineral status in populations were also added and published in the six official languages of the United Nations.

(iii) **Knowledge translation and WHO guideline dissemination for country adoption.** WHO and the Micronutrient Initiative organized eight joint workshops and symposia in five regions to disseminate knowledge and perform advocacy work to promote the adoption of WHO evidence-informed guidelines.

(iv) **Technical support to WHO.** Staff of the Micronutrient Initiative have participated in multiple WHO guideline development meetings as technical experts and have provided technical input to advocacy briefs and technical documents, including guidelines.

(b) Planned collaborative activities with WHO for the coming three-year period

During the period 2016–2018, The Micronutrient Initiative and WHO will continue their joint work in the areas of evidence-generation through systematic reviews, vitamin and mineral surveillance, and knowledge translation and advocacy for the adoption of WHO guidelines.

During the next triennium, the collaborative efforts will be expanded to include implementation research on both nutrition interventions and surveillance, in order to facilitate progress towards the achievement and tracking of the WHO global nutrition targets for improving maternal, infant and young child nutrition. Emphasis will be placed on the need for equity.

Planned activities include the development of the following technical documents:

- a series of six position papers on equity and social, environmental and economic determinants in access to nutrition interventions for the achievement of the global nutrition targets for 2025 for improved maternal, infant and young child nutrition;

- a series of peer-reviewed papers focusing on the double burden of malnutrition in Latin America (this work will be conducted in collaboration with PAHO);

- a special peer-reviewed supplement to the Annals of the New York Academy of Sciences, composed of the background papers commissioned for the WHO consultation on the fortification of condiments and seasonings with vitamins and minerals in public health, which took place in 2014;

- a publication for decision-makers on the prevention and control of anaemia; and

- a framework for assessing and establishing surveillance systems to monitor the achievement of nutrition targets at the country level.

In addition, the staff of the Micronutrient Initiative will continue to provide technical support to WHO at the global, regional and country levels on ad hoc basis, as requested by WHO.

Through these collaborative activities, the Micronutrient Initiative supports WHO in meeting the commitments made to Member States in the following resolutions: WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition (2012); WHA63.17 on birth defects (2010); WHA63.21 on WHO's role and responsibilities in health research (2010); and WHA45.33 on national strategies for prevention and control of micronutrient malnutrition (1992).

5. Other relevant information

Due diligence and risk assessment conducted by the Secretariat on the entity concluded that an application from the Micronutrient Initiative could be presented to the Executive Board for its consideration.

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