

Outcome of the Second International Conference on Nutrition

Report by the Director-General

1. In November 2014, FAO and WHO organized the Second International Conference on Nutrition, which adopted the Rome Declaration on Nutrition and its companion Framework for Action. In its resolution WHA68.19 (2015), the Sixty-eighth World Health Assembly endorsed the outcome documents from the International Conference and requested the Director-General of WHO, in collaboration with the Director-General of FAO, 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 the commitments of the Rome Declaration.
2. The first biennial report, which was noted by the World Health Assembly in May 2017, included the work programme of the United Nations Decade of Action on Nutrition (2016–2025), which was proclaimed by the United Nations General Assembly in its resolution 70/259 of December 2016. This second biennial report has been prepared by FAO and WHO to outline progress made in the implementation of the Rome Declaration commitments during 2017–2018 as part of the Decade, including key developments at the international and country levels.
3. This report also covers actions taken to reduce childhood obesity, pursuant to decision WHA70(19) (2017), which requested the Director-General to report to the Health Assembly periodically on progress made towards ending childhood obesity, including on the implementation plan to guide further action on the recommendations included in the Report of the Commission on Ending Childhood Obesity, as part of existing reporting in respect of nutrition and noncommunicable diseases.

IMPLEMENTATION OF ROME DECLARATION COMMITMENTS AT COUNTRY LEVEL

Overview of key policy developments

4. The Global database on the Implementation of Nutrition Action (GINA) includes policies with nutrition goals in 189 countries: there is a policy goal in 111 countries on stunting, in 87 countries on anaemia, in 100 countries on low birth weight, in 139 countries on child overweight, in 127 countries on exclusive breastfeeding and 127 countries on wasting. A nutrition coordination mechanism with a high level of intersectoral involvement across government sectors and nongovernmental partners exists in 147 countries, while a high-level mechanism (in the Office of the President or Prime Minister) exists in 38 countries. Of the 149 countries with trained nutrition professionals, 109 provide training on

maternal and child nutrition. In the African region in particular, the density of nutrition professionals is low.

5. Nearly all countries have implemented counselling on breastfeeding (159 countries) and complementary feeding (144 countries) and growth monitoring and promotion. Some progress has been made since 2009–2010 in the implementation of actions to promote healthy diets (151 countries have counselling programmes), the prevention of obesity and diet-related noncommunicable diseases, nutrition counselling on primary health care and media campaigns on healthy diets and nutrition (148 countries). Vitamin and mineral supplementation programmes generally target pregnant women and children; 106 countries fortify salt with iodine and 71 countries fortify wheat flour with iron and folic acid. Food distribution programmes and the treatment of moderate acute malnutrition and severe acute malnutrition were most common in the WHO African and South-East Asia regions.

6. The WHO Country Capacity Survey, the Second Global Nutrition Policy Review and ongoing monitoring through the GINA database have tracked the status of implementation of recommendations from the Second International Conference on Nutrition and the Ending Childhood Obesity implementation plan: 59 countries have established a tax on sugar-sweetened beverages; 46 countries have mandatory regulations on marketing to children; 55 countries have established front-of-pack labelling (eight of them with mandatory regulations); 28 countries have regulations on the inappropriate marketing of complementary food; 87 countries have school food standards; 28 countries have banned food and drink vending machines in schools and 27 countries are taking action to ban the use of industrially produced *trans*-fats.

New country commitments

7. During the Seventieth World Health Assembly, Brazil and Ecuador were the first Member States to make official specific, measurable, achievable, relevant and time-bound (SMART) commitments as part of the Decade of Action on Nutrition, the former making 38 commitments in total. A database to formally register countries' SMART commitments has been developed.¹ An additional 12 Member States have made public commitments in the areas of increasing domestic financing of nutrition action and eliminating industrially produced *trans*-fats, among others. A process is ongoing to translate the commitments made by the 60 member countries of the Scaling Up Nutrition Movement into SMART commitments. Furthermore, through their public statements at the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, 27 September 2018), many Heads of State made commitments on promoting healthy diets through different policy responses.²

Action networks

8. Action networks are informal coalitions of countries, with global or regional scope, aimed at accelerating and aligning efforts around specific topics linked to an action area of the work programme of the Decade of Action on Nutrition. Norway is leading a global action network on sustainable food from the oceans and inland waters for food security and nutrition.³ Australia and France are leading a global action network aimed at accelerating and aligning efforts around nutrition labelling.

¹ <https://extranet.who.int/nutrition/gina/en/commitments/summary>.

² An analysis will be conducted when all the statements have been made available by the United Nations Secretariat.

³ <https://nettsteder.regjeringen.no/foodfromtheocean/>.

9. A regional action network for ending childhood obesity has been established in the Pacific following a preliminary meeting of a core group of seven Pacific island countries. This network addresses restrictions on the marketing of unhealthy food and non-alcoholic beverages to children; a sugar-sweetened beverage tax; and the promotion of participation in physical activity.
10. Seven countries from the Region of the Americas established a regional action network for healthy food environments, led by Chile, to share experiences and build political support for action on regulatory measures in the food system, including civil society participation.
11. A regional action network for healthy schools in South-East Asia, brought together ministries of health and education, in addition to nongovernmental partners from four countries, to identify priority areas for diet and physical activity in schools.

IMPLEMENTATION OF ROME DECLARATION COMMITMENTS AT INTERNATIONAL AND REGIONAL LEVELS

Commitments made at international conferences

12. In 2017–2018, a number of commitments were made at a series of nutrition-related gatherings, including as follows:
- (a) A Latin America regional meeting on tackling child obesity was convened on the theme “Towards the implementation of the United Nations Decade of Action on Nutrition”, convened by Brazil and hosted by the Pan American Health Organization in March 2017;
 - (b) A subregional meeting on tackling obesity in middle-income countries of the WHO Eastern Mediterranean Region was convened on the theme “Towards more commitment for the United Nations Decade of Action on Nutrition”, hosted by Jordan in September 2017;
 - (c) The Regional Committee for the Western Pacific, in October 2017, guided by relevant Health Assembly resolutions, agreed to develop a regional action plan, in consultation with Member States, on protecting children from the harmful impact of food marketing;¹
 - (d) The Montevideo Roadmap 2018–2030 on NCDs as a Sustainable Development Priority,² adopted by the WHO Global Conference on Non-communicable Diseases (Montevideo, October 2017), called on WHO “to fully leverage the UN Decade of Action on Nutrition to reduce diet-related NCDs and contribute to ensuring healthy and sustainable diets for all”;
 - (e) At the Global Nutrition Summit, held on the margins of the G7 Health Ministers’ Summit (Milan, November 2017), US\$ 3.4 billion was pledged to tackle the global malnutrition crisis, including US\$ 640 million in new funding. Policy commitments were made by Côte d’Ivoire, El Salvador, India, Madagascar, Niger, Nigeria and Zambia. The G7 Health Ministers’ communiqué recognized the new policy and financial commitments made by the Global Nutrition

¹ http://www.wpro.who.int/about/regional_committee/68/resolutions/wpr_rc68_r3_protecting_children_from_the_harmful_impact_of_food_marketing.pdf?ua=1.

² <http://www.who.int/conferences/global-ncd-conference/montevideo-report.pdf?ua=1>.

Summit and advocated for food systems to support healthy and sustainable diets in the context of the Decade of Action on Nutrition;

(f) The United Nations General Assembly, having discussed the report of the Secretary-General on the implementation of the Decade of Action on Nutrition, adopted resolution 72/306, in which it recognized the commitments made and reiterated its encouragements to Governments and their partners to make more ambitious commitments with a view to intensifying their efforts and scaling up their activities under the work programme of the Decade;

(g) At the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (New York, September 2018), Heads of State and Government committed to, inter alia:

- strengthen their commitment, as Heads of State and Government, to provide strategic leadership for the prevention and control of noncommunicable diseases;¹
- promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for noncommunicable diseases, and promote healthy diets and lifestyles;²
- invite the private sector to further produce and promote food products consistent with a healthy diet, making further efforts to reformulate them in order to provide healthy and nutritious options, reducing the excessive use of salt, sugars and fats, in particular saturated fats and trans-fats;³
- invite the private sector to provide appropriate content information of those nutrients, bearing in mind international guidelines on nutrition labelling;³
- invite the private sector to commit to further reduce the exposure of children to and impact on them of the marketing of foods and beverages high in fats, in particular saturated fats and trans-fats, sugars or salt, consistent with national legislation, where applicable.⁴

(h) The Mar Del Plata Health Declaration,⁵ adopted by the G20 Meeting of Health Ministers (Argentina, October 2018), focused on antimicrobial resistance, childhood overweight and obesity, the strengthening of health systems and the responsiveness of health systems to disasters, catastrophes and pandemics, which are all areas of the Framework for Action from the Second International Conference on Nutrition;

(i) The Committee on World Food Security committed to prepare voluntary guidelines on food system and nutrition, in the context of the Decade of Action on Nutrition. The terms of reference

¹ In accordance with paragraph 17 of resolution 73/2.

² In accordance with paragraph 21 of resolution 73/2.

³ In accordance with paragraph 44(d) of resolution 73/2.

⁴ In accordance with paragraph 44(e) of resolution 73/2.

⁵ https://g20.org/sites/default/files/health_ministers_declaration.pdf.

propose adopting a comprehensive and systematic approach to food systems that would address the existing policy fragmentation between the food, agriculture and health sectors.

CONTRIBUTIONS BY ORGANIZATIONS IN THE UNITED NATIONS SYSTEM

WHO

13. WHO has developed normative products to support the implementation of the Second International Conference on Nutrition, including evidence-informed guidelines on physical activity and sedentary and sleep behaviour for children under five years of age; assessing and managing children at primary health care facilities to prevent overweight and obesity; fortification of rice with vitamins and minerals;¹ effective actions for improving adolescent nutrition;² iodine thyroid blocking guidelines for use in planning and responding to radiological and nuclear emergencies;³ protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services;⁴ guiding principles on nutrition labelling of foods; implementation manuals on ending the inappropriate promotion of foods for infants and young children;⁵ the Baby-friendly Hospital Initiative;⁶ and tracking progress in meeting targets for 2025.⁷

14. FAO and WHO have jointly developed tools to support the implementation of the Decade of Action on Nutrition, including a guide for countries to translate the policies and actions of the voluntary Framework for Action into country-specific commitments and a policy brief on driving commitment for nutrition within the Decade.⁸

15. WHO has launched REPLACE, a global initiative to eliminate trans-fats from the food supply by 2023, and to date commitments for action have been made by 24 countries.⁹

16. WHO has supported the implementation of the Global Nutrition Monitoring Framework in 36 countries (Africa Region (3), Eastern Mediterranean Region (15), Region of the Americas (8), South-East Asian Region (10)). In the European Region, more than 40 countries are involved in the Childhood Obesity Surveillance Initiative. Jointly with UNICEF and the World Bank, WHO has published malnutrition estimates;¹⁰ and jointly with the NCD Risk Factor collaboration, WHO has published the first global estimates for obesity in children aged 5–19.¹¹ Several reports have been

¹ <http://www.who.int/nutrition/publications/guidelines/rice-fortification/en/>.

² <http://www.who.int/nutrition/publications/guidelines/effective-actions-improving-adolescent/en/>.

³ <http://www.who.int/nutrition/publications/guidelines/iodine-thyroid-blocking/en/>.

⁴ <http://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en/>.

⁵ <http://www.who.int/nutrition/publications/infantfeeding/manual-ending-inappropriate-promotion-food/en/>.

⁶ <http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/en/>.

⁷ <http://www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/>.

⁸ <http://apps.who.int/iris/bitstream/handle/10665/274375/WHO-NMH-NHD-17.11-eng.pdf?ua=1>.

⁹ <http://www.who.int/nutrition/topics/replace-transfat/>.

¹⁰ <http://www.who.int/nutgrowthdb/2018-jme-brochure.pdf?ua=1&ua=1>
[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)32129-3.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32129-3.pdf).

¹¹ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)32129-3.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32129-3.pdf).

published with partner organizations, including *The State of Food Security and Nutrition in the World*,¹ *The Global Nutrition Report 2017*² and a report entitled “Taking action on childhood obesity”.³

17. In June 2018, WHO and Chatham House held a dialogue with private-sector representatives of the food and non-alcoholic beverage industries at Chatham House in London. WHO submitted specific expectations on the reduction of salt, free sugars and unsaturated fats in food and beverages and the elimination of industrial *trans*-fats from foods, which has led to new public commitments on the part of the food and beverage industry.

18. Regarding food safety and antimicrobial resistance in the food chain, FAO and WHO have developed and field-tested a food control assessment tool in five countries in 2017–2018 with a view to its official release in 2018. Following the relaunch of the FAO/WHO Project and Trust Fund for Enhanced Participation in Codex (Codex Trust Fund) in 2016, FAO and WHO are supporting 14 countries through multi-year country projects. The membership of the FAO/WHO International Food Safety Authorities Network (INFOSAN) has grown from 440 members in 186 Member States in 2015 to more than 500 members in 188 Member States in 2018. In 2017, the FAO/WHO Codex Alimentarius Commission approved new work for the Ad Hoc Intergovernmental Task Force on Antimicrobial Resistance, which is to complete its work by 2021. Finally, FAO, WHO and the African Union are organizing the First International Conference on Food Safety in Addis Ababa in February 2019, ahead of the FAO/WHO/WTO International Forum on Food Safety and Trade, to be held in Geneva in April 2019, to raise awareness of the importance of food safety and further the commitments made at the Second International Conference on Nutrition.

FAO

19. FAO has prioritized the prevention of overweight and obesity through the promotion of healthy diets and providing support to countries to transform their food systems and include nutrition objectives in their food and agricultural policies. In addition, the FAO Committee on Agriculture has approved the establishment of an International Year of Fruits and Vegetables and an International Day of Awareness of Food Loss and Waste.

UNICEF

20. UNICEF entered its new strategic plan period (2018–2021) with a vision to consolidate and expand the programmatic gains of addressing child malnutrition in all its forms – stunting, wasting, micronutrient deficiencies and overweight around the world. UNICEF intends to meet three annual targets by 2021:

- reach at least 250 million children under five years of age with services to prevent stunting and other forms of malnutrition
- reach at least 100 million adolescent girls and boys with services to prevent anaemia and other forms of malnutrition

¹ <http://www.who.int/nutrition/publications/foodsecurity/state-food-security-nutrition-2017-fullreport-en.pdf?ua=1>.

² http://globalnutritionreport.org/wp-content/uploads/2017/11/Report_2017-2.pdf ; 2018 edition forthcoming in November 2018.

³ <http://apps.who.int/iris/bitstream/handle/10665/274792/WHO-NMH-PND-ECHO-18.1-eng.pdf?ua=1>.

- reach at least 6 million children with services to treat severe wasting and other forms of severe acute malnutrition in development and humanitarian contexts

WFP

21. WFP continues to maintain its twin-track approach of responding to the immediate food and nutrition needs of people affected by conflict and other emergencies, while at the same time supporting countries in achieving their national Sustainable Development Goals targets, in particular target 2.2. In 2017, WFP directly assisted 91.4 million people in 83 countries, 55 of which implemented nutrition-specific programming that reached 16.3 million people. Its nutrition programming is guided by the WFP Nutrition Policy (2017–2021) and by its implementation and costing plan.

International Fund for Agricultural Development (IFAD)

22. IFAD investments target the poor and most vulnerable farming households in rural areas and adopt a people-centred approach with the goal of shaping food systems for healthy diets and optimizing the contribution of agriculture and rural development interventions to nutrition, while ensuring that investments in nutrition-sensitive agriculture are also environmentally sustainable. IFAD is incrementally succeeding in ensuring that projects approved for the period 2016–2018 are nutrition-sensitive, therefore allowing it to address all forms of malnutrition by improving dietary quality.

United Nations Standing Committee on Nutrition (UNSCN)

23. The Standing Committee continued to support the follow-up of the Second International Conference on Nutrition and the Decade of Action on Nutrition by collecting and publishing the commitments to the Decade of a range of United Nations agencies, as well as other actors. In 2017 and 2018, the Standing Committee continued to maximize policy coherence and advocacy for nutrition throughout the United Nations system by publishing four discussion papers and facilitating discussions that contribute to developing consensus around new and emerging issues that impact nutrition; it also issued two guidance notes to promote consistent delivery on the ground. In addition, the Standing Committee contributed to guidance notes issued by member agencies, including a resource guide for the Decade. The thematic working group on nutrition of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases is currently focusing on school environments; in collaboration with the Standing Committee, it has developed an information brief entitled “Noncommunicable diseases, diets and nutrition”¹ and a discussion paper entitled “Schools as a system to improve nutrition”.²

WAY FORWARD

Scaling up SMART commitments and following them up

24. While international advances indicate that the Second International Conference on Nutrition has led to a broad international debate on the double burden of malnutrition and the role of food systems in

¹ <https://www.unscn.org/uploads/web/news/document/NCDs-brief-EN-WEB.pdf>.

² <https://www.unscn.org/uploads/web/news/document/School-Paper-EN-WEB-nov2017.pdf>.

healthy diets, national progress has been uneven. Action networks will be a driver for scaling up commitments and achieving concrete results. The following areas will require intensified action:

- (a) **Intersectoral policy.** Countries may wish to update intersectoral policy documents to include all global nutrition targets and translate them into costed operational plans. The accountability of all stakeholders needs to be improved and the commitments made by decision-makers should be followed up;
- (b) **Health.** Actions taken to promote healthy diets should reach all stages of the life cycle, especially for women before and during pregnancy and adolescent girls. The coverage of vitamin and mineral supplementation targeting women of reproductive age should be increased. Services to manage acute malnutrition should be streamlined in health services to increase coverage beyond the current 20%. The promotion, protection and support of breastfeeding will require mainstreaming the Baby Friendly Hospital Initiative, as well as legislative action on the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions. Nutrition capacities need to be expanded;
- (c) **Food systems.** The food and agriculture, trade and industry sectors should include nutrition objectives and the promotion of healthy diets. Greater focus is needed on actions to create healthy food environments, including the marketing of foods and beverages to children, nutrition labelling, food procurement in public institutions and price policies;
- (d) **Education.** Schools are excellent environments in which to address the double burden of malnutrition and install good dietary habits, and to reach the growing market of young people with increasing economic power and influence them to avoid the consumption of foods and beverages high in sugars, fats and salt. Countries should consider increased investment in school health and nutrition programmes;
- (e) **Social protection.** Increased poverty and inequalities need to be tackled by adequate social protection programmes that include support for healthy diets. Food voucher schemes and food banks are options to be considered.

Mid-term review

25. The status of implementation of commitments of the Rome Declaration will be reviewed at the mid-term of the Decade of Action on Nutrition and in the course of preparation of the third biennial report, the review will be aligned with the convening of the 2020 Nutrition for Growth meeting.

ACTION BY THE EXECUTIVE BOARD

26. The Executive Board is invited to note the report.

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