



**World Health
Organization**

**Global database on the Implementation of Nutrition Action
(GINA)**

Results of a user survey



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Summary

The World Health Organization (WHO) Global database on the Implementation of Nutrition Action (GINA) is a repository of policies, actions and governance mechanisms related to nutrition, as well as country commitments made towards the UN Decade of Action on Nutrition 2016–2025.¹ Since the launch of GINA in 2012, WHO has continuously worked to improve the organization, structure and presentation of the information on the GINA website. This report presents the results of a user survey undertaken in 2017. Key findings include:

- 49 respondents representing various WHO regions, professions and sectors completed the survey;
- respondents gave a high rating to the ease of use and the quality of content of GINA; they also found the information on policies and actions to be helpful or very helpful;
- almost half of the users of GINA reported that to identify nutrition-relevant policies and programmes they always or frequently consult GINA rather than other search engines or repositories; and
- several areas for potential follow-up or improvement were identified, including the need to:
 - promote the use of GINA through national and international conferences and congresses, by encouraging universities to include GINA in their teaching programmes and by indexing GINA in prominent research data repositories (e.g. PubMed) for further dissemination;
 - include more directions on how to use key functions such as filtered searches, interactive maps and spreadsheet downloads;
 - present data by topics or other categories that make it easier to find the data that users are looking for; and
 - improve the quality of the data.

¹ See <https://www.who.int/nutrition/gina/en/>

Introduction

The World Health Organization (WHO) Global database on the Implementation of Nutrition Action (GINA) is a repository of policies, actions, and governance and monitoring mechanisms related to nutrition.¹ It is an interactive platform for sharing standardized information on nutrition policies and action; that is, on what commitments have been made and who is doing what, where, when, why and how (including lessons learned).

The purpose of GINA is to allow users to:

- map nutrition policies and actions that have been developed and are being implemented;
- link policies and action to nutrition status indicators;
- monitor the implementation of key nutrition actions;
- identify overlaps and gaps in the implementation of nutrition policies and actions; and
- share experiences on implementation practices.

GINA is also a principal source of information for various mandated reporting to WHO. This includes reporting to WHO's governing bodies (e.g. the Executive Board and the World Health Assembly) on:

- the implementation of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition;
- progress on achieving the Global Nutrition Targets through the Global Nutrition Monitoring Framework; and
- progress in implementing the commitments made at the Second International Conference on Nutrition (ICN2).

It also includes reporting to the United Nations (UN) General Assembly on the implementation of the UN Decade of Action on Nutrition (2016–2025).

GINA covers 194 WHO Member States, and several areas and territories. It builds on and incorporates the former WHO Global Database on National Nutrition Policies and Programmes developed after the 1st International Conference on Nutrition in 1992. Currently, GINA contains more than 9000 items of data, including over 2100 policies (including laws and legislation), over 6600 nutrition actions and programmes, and almost 500 coordination and monitoring mechanisms. These data generally come from three sources:

- data collected by WHO through its regular monitoring activities (e.g. communication with regions and countries, and systematic searches on ministries' websites) and through surveys (e.g. the Global Nutrition Policy Reviews, and surveys on the International Code of Marketing of Breast-milk Substitutes);
- data from partners that maintain databases of nutrition-related policies or actions (e.g. the FAOLEX legislative database² and the International Labour Organization [ILO] maternity protection database³), or that support the implementation of nutrition programmes and actions in countries (e.g. the Global Alliance for Improved Nutrition [GAIN]⁴, and Nutrition International⁵); and

¹ See <https://www.who.int/nutrition/gina/en/>

² See <http://www.fao.org/faolex/en/>

³ See <https://www.ilo.org/global/topics/equality-and-discrimination/maternity-protection/lang--en/index.htm>

⁴ See <https://www.gainhealth.org/>

⁵ See <https://www.nutritionintl.org/>

- data submitted by registered users through a wiki-type approach.

Since the launch of GINA in 2012, WHO has worked continuously to improve the organization, structure and presentation of information on the GINA website. To gain feedback on how WHO can improve the user experience and usage of the rich data set, a user survey was undertaken in the first quarter of 2017.

Methodology

An online survey was implemented on the WHO Dataform platform. The survey comprised 75 questions covering the following categories:

- personal characteristics;
- general satisfaction, impression and rating of GINA;
- questions for new users; and
- questions for regular users of GINA relating to:
 - use of policy and action data; and
 - use of the principal menu features; that is, interactive maps, A–Z country lists of policies and actions, search function, Top 10 lists, dashboard and data submission.

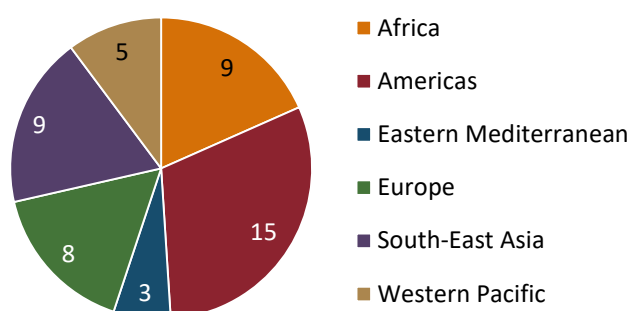
In the first quarter of 2017, invitations to participate in the user survey were sent via the electronic newsletter of the WHO Department of Nutrition for Health and Development (NHD) to its approximately 3000 members. Links to the survey were also highlighted on the NHD website and on GINA.

Results

Respondents

A total of 159 responses were initiated, but only 49 respondents completed the full questionnaire and were therefore included in the analysis of the survey results presented in this report. The 49 respondents came from 31 different countries across all the WHO regions.¹ The largest number of respondents came from the WHO Region of the

Fig. 1. WHO region of residence (n=49)



¹ Country of residence and number of respondents from the **WHO African Region (9)**: Ethiopia (1), Madagascar (1), Nigeria (3), South Africa (1) and Uganda (3); the **WHO Region of the Americas (15)**: Brazil (1), Canada (2), Colombia (1), Guatemala (1), Mexico (1), Peru (2) and the United States of America (7); the **WHO Eastern Mediterranean Region (3)**: Egypt (1), Iran (1) and Pakistan (1); the **WHO European Region (8)**: Czechia (1), France (1), Italy (1), Netherlands (1), Poland (1), Spain (1) and the United Kingdom of Great Britain and Northern Ireland (2); the **WHO South-East Asia Region (9)**: Bangladesh (2), India (5), Nepal (1) and Sri Lanka (1); and the **WHO Western Pacific Region (5)**: Australia (1), China (1), New Zealand (1), Philippines (1) and Solomon Islands (1).

Americas, followed by South-East Asia, Africa and Europe (**Fig. 1**).

In this user survey, the academic and research sector had the highest representation of respondents, followed by nongovernmental organizations (NGOs) (**Fig. 2**). The primary professional roles of respondents were mainly in research, or in activities related to policy and programmes (e.g. development, implementation and monitoring) (**Fig. 3**). Government respondents were most often involved in the management and monitoring of nutrition policies and programmes, whereas NGOs largely supported policy and programme development or monitoring as well as research. Thirty-one of the respondents had been using GINA before the survey, while 18 were new users.

Fig. 2. Sector of respondents (n=49)

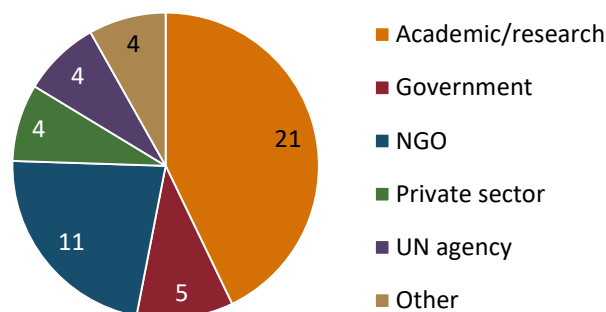
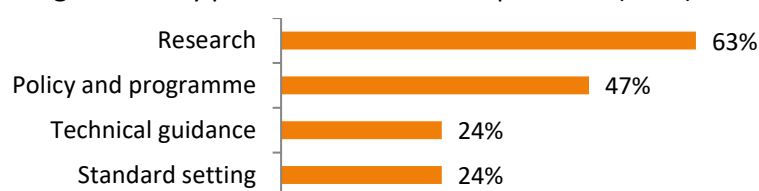


Fig. 3. Primary professional roles of respondents (n=49)^a



^a Respondents could select multiple answers.

Overall impression of GINA

On a scale from 1 to 10, the average rating of the ease of use of GINA was 7.5, and the average rating of the quality of its content was 7.7. The distribution of ratings (**Fig. 4** and **Fig. 5**) show that most respondents rated GINA towards the higher end of the scale.

Most respondents reported that they would be likely or very likely to

Fig. 4. Overall rating of ease of use of GINA (n=49)

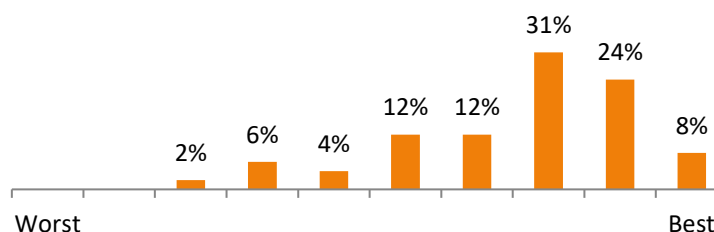


Fig. 5. Overall rating of quality of content on GINA (n=47)

recommend GINA to colleagues or professional acquaintances (**Fig. 6**).

Among the 18 new users that responded to the survey, two thirds indicated that they were very likely to use GINA again.

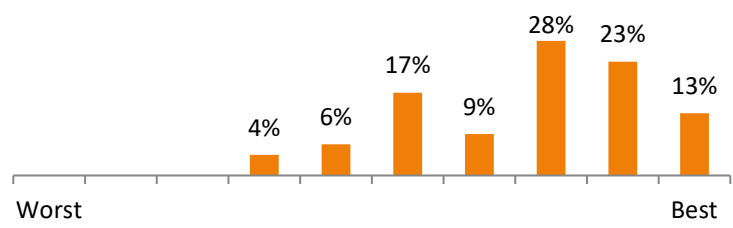
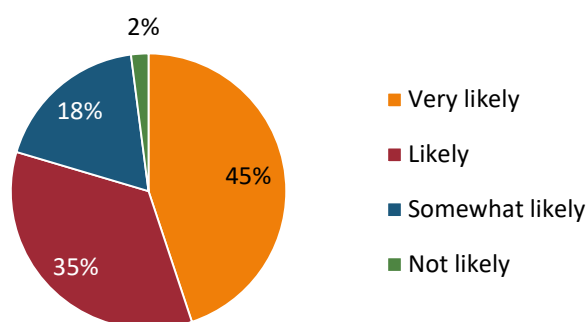


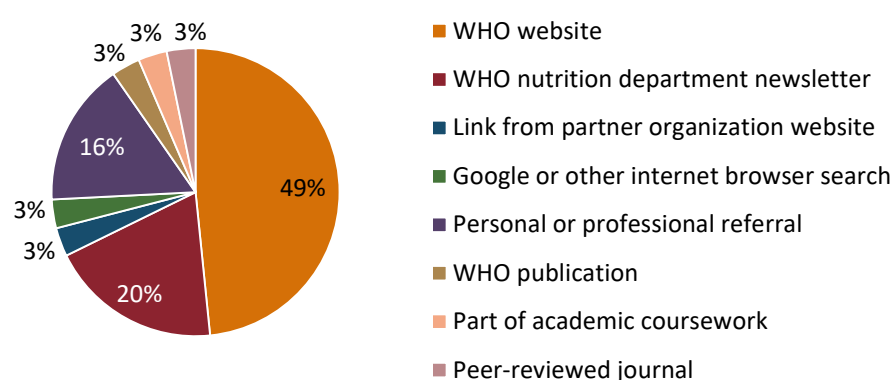
Fig. 6. Likelihood of recommending GINA to colleagues (n=49)



Feedback from regular GINA users

About half of the 31 respondents who had visited GINA before the survey had first learned about it through the WHO website (**Fig. 7**). Many had also learned about GINA through the WHO NHD newsletter, or personal or professional referral. Although respondents most frequently used GINA for research, and reference is made to GINA in various peer-reviewed articles,¹ only one respondent mentioned such journals as the source for first learning about GINA. Some respondents mentioned that WHO should do a better job of communicating about this rich source of data on nutrition policy and action. Suggestions to increase awareness and use included introducing GINA at international conferences and congresses for general awareness, indexing GINA in prominent research data repositories such as PubMed, working with WHO collaborating partners to present GINA at the country level to target professionals, and encouraging use among university students and researchers.

Fig. 7. First learning of GINA (n=31)



¹ GINA is frequently used as a source of information on national nutrition policies and programmes in the peer-reviewed literature; for example:

- Lachat C, Otchere S, Roberfroid D, Abdulai A, Seret FMA, et al. Diet and physical activity for the prevention of noncommunicable diseases in low- and middle-income countries: a systematic policy review. *PLOS Med* 2013; 10(6): e1001465. doi:10.1371/journal.pmed.1001465.
- Sunguya BF, Ong KI, Dhakal S, Mlunde LB, Shibanuma A, Yasuoka J, Jimba M. Strong nutrition governance is a key to addressing nutrition transition in low and middle-income countries: review of countries' nutrition policies. *Nutr J*. 2014;13(1):65. doi: 10.1186/1475-2891-13-65.
- De Craemer M, Lateva M, Iotova V, De Decker E, Verloigne M, De Bourdeaudhuij I, et al. Differences in energy balance-related behaviours in European preschool children: the ToyBox-study. *PLOS ONE* 2015; 10(3): e0118303. doi: 10.1371/journal.pone.0118303.

The regular user respondents usually visited the database every month or less than once per month (**Fig. 8**). They generally found the GINA website either easy or very easy to navigate (**Fig. 9**).

Fig. 8. Frequency of accessing GINA (n=31)

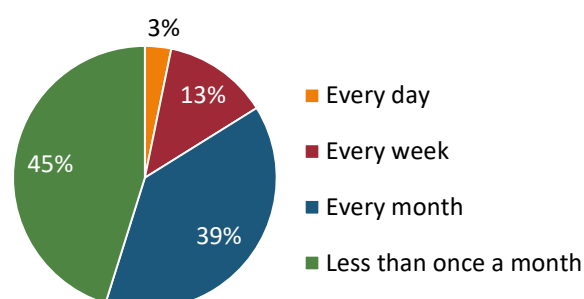
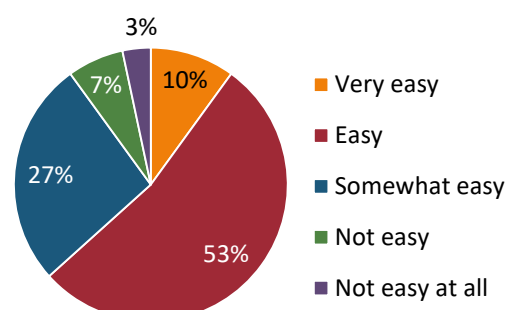


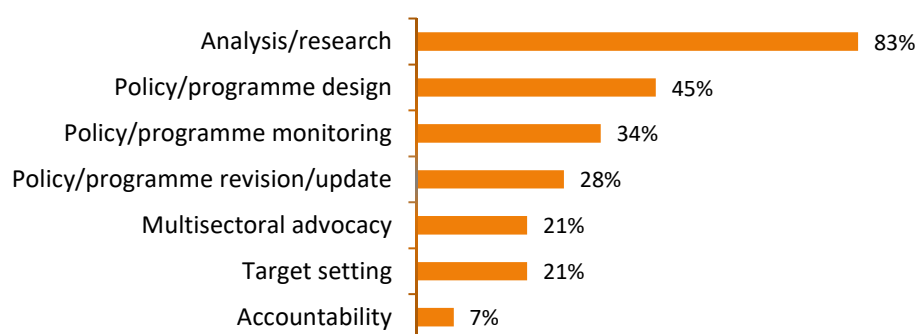
Fig. 9. Ease of navigating GINA (n=30)



The primary use of GINA was for research-oriented activities; however, it was also used for policy and programme planning, programme monitoring and evaluation, and revising or updating existing policies (**Fig. 10**). Fewer respondents used GINA for multisectoral advocacy, although it is possible to analyse data by government sector. Even fewer respondents used GINA to hold governments accountable to their stated policy commitments; however, the detailed registry of policy goals, strategies and indicators could help civil society organizations in this task.

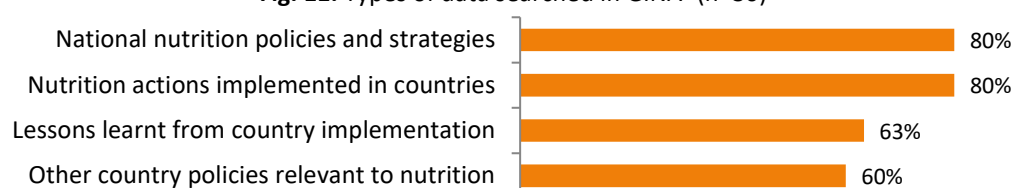
The most frequently accessed data were national nutrition policies, strategies and action plans, as well as nutrition actions implemented in countries, followed by lessons learned from implementing actions in countries and other country policies relevant to nutrition (**Fig. 11**). Almost half of the respondents reported always or frequently consulting GINA rather than other search engines or repositories to identify nutrition-relevant policies and programmes (**Fig. 12**).

Fig. 10. Primary uses of GINA^a (n=29)



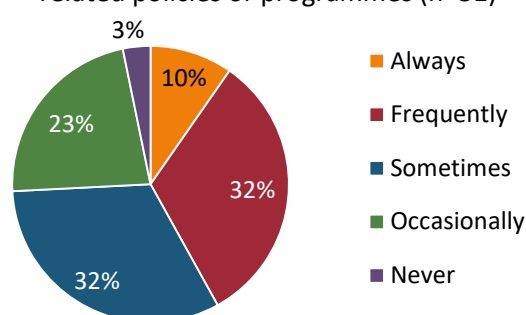
^a Respondents could select multiple answers.

Fig. 11. Types of data searched in GINA^a (n=30)



^a Respondents could select multiple answers.

Fig. 12. Use of GINA over other sources, repositories or search engines to identify nutrition-related policies or programmes (n=31)



Feedback on the policy and action data

When the user survey was conducted, GINA contained two main types of data: “policies” and “actions”.¹ Policies include information on policies, strategies, action plans and legislation, which represent the commitments made by countries towards improving nutrition. Actions include information on programmes and interventions being implemented. Both data types include key information; for example, key reference information, links to nutrition topic areas addressed, government and nongovernment partners responsible for implementation, and links to official websites.

Most of the regular users reported that the information on policies and actions was helpful (Fig. 13). They more often used the PDF output for saving or printing the information in GINA than the CSV export (Fig. 14).

For actions, users relied on the URL link to the official websites of the implementing partners, whereas for policies they more often downloaded the files directly from GINA.

Fig. 13. Perception of usefulness of the information on policies and actions (n=31)

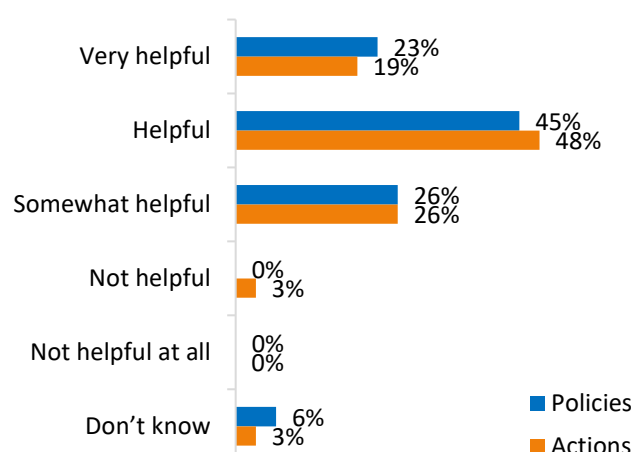
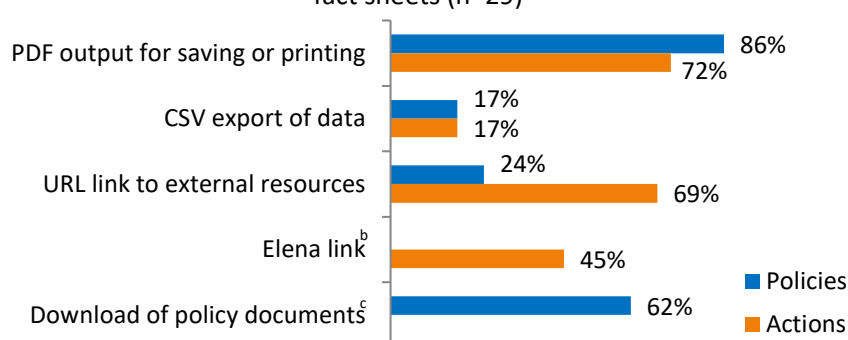


Fig. 14. Database features used on the policy and action fact sheets (n=29)^a



^a Respondents could select multiple answers.

^b Option only available for the action fact sheet question.

^c Option only available for the policy fact sheet question.

¹ These were the only data types from the launch in 2012 until late 2016, when the data type “mechanisms” was added to capture coordination and monitoring mechanisms. In 2017, the datatype “commitments” was added, to capture countries’ commitments made in the context of the Decade of Action on Nutrition 2016–2025.

Some respondents noted that frequent data updates are needed, to further improve the information available in GINA. The information should preferably come from the countries rather than from partners, and the WHO country offices should also be engaged in keeping the database updated. These suggestions mirror the current situation, in that most of the data are updated based on the periodic Global Nutrition Policy Reviews, which are completed by governments in close collaboration with WHO regional and country offices.

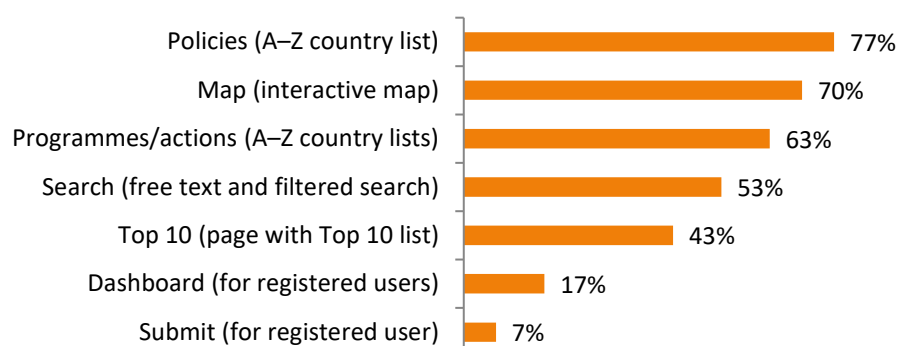
Other respondents suggested that better use should be made of the topic taxonomy used for policies and actions, to present the wealth of data. Since the launch in 2012, the taxonomy has been revamped once, and WHO is constantly refining it to enhance the GINA user experience, and to ensure that recent guidelines and global priorities are covered.

Finally, some respondents suggested that it would be a good idea to include additional information such as evaluation reports, situation reports and new actions (e.g. on vitamin B12).

Feedback on the features in the GINA principal menu

The principal menu in GINA links to the three different ways of accessing data in GINA (i.e. the interactive map, the A–Z country lists and the search function), the predefined summary analyses of data (i.e. the Top 10 page) and the dashboard for registered users. Most of the respondents had used the A–Z country lists with policy or action data and the interactive map; however, the search function was used by only about half the respondents (**Fig. 15**). The predefined summary analyses in the “Top 10” were used by less than half the respondents, and few had registered or submitted data themselves.

Fig. 15. Pages visited on the GINA website (n=30)^a



^a Respondents could select multiple answers.

Map

The map displays policy and action data in countries. Users may interact with the map by filtering the data based on data type (e.g. policy, action) or nutrition themes (e.g. stunting, overweight), selecting year of reference on the time slider, zooming in on specific regions and countries, and loading background nutrition outcome indicators into the map. The policy and action data displayed in the map are listed in a results table immediately below the map. Detailed data on specific policies or actions in a country can be accessed from the map through a pop-up window or from the results table below the map.

More than two thirds of the 21 respondents that had visited the interactive map agreed that it was clear or very clear (**Fig. 16**). They most often used the data table below the map to access more information on the policies and actions in countries (**Fig. 17**). Many also used the map to display nutrition indicators. More users exported the map as JPG than as data in a CSV file. The time slider and thematic view of policies and actions were less frequently used, indicating a need to better explain these features.

Fig. 16. Clarity of interactive map (n=21)

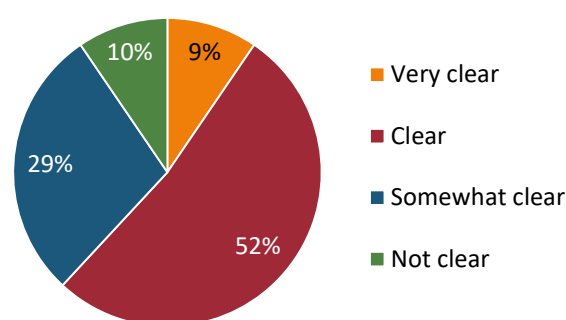
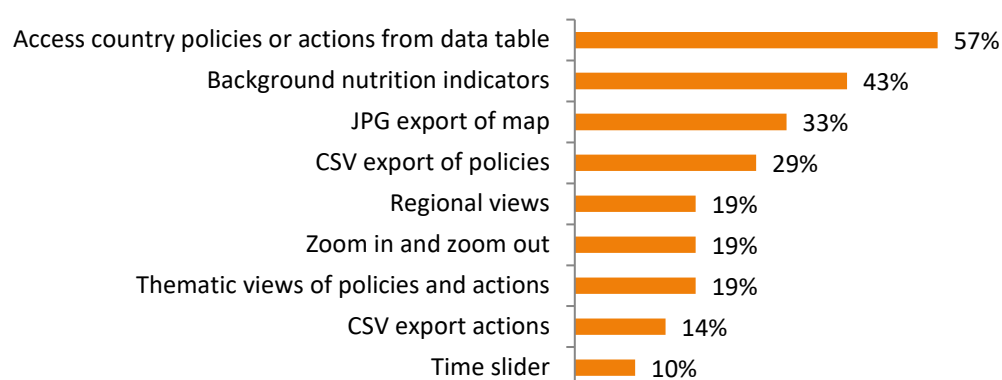


Fig. 17. Use of additional features of interactive map (n=21)^a



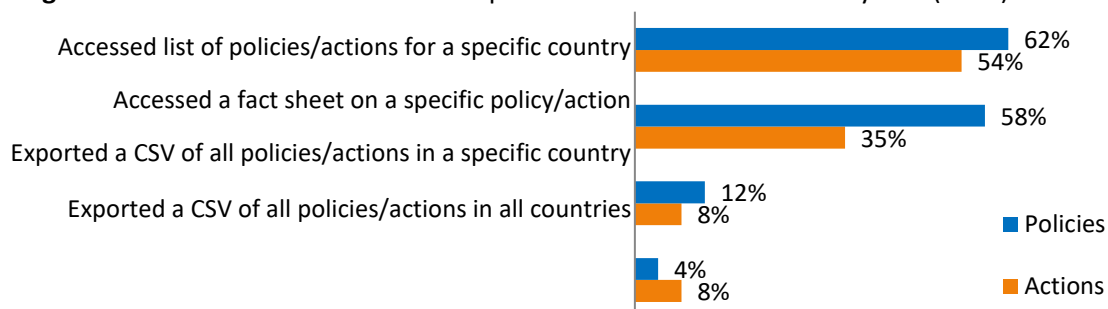
^a Respondents could select multiple answers.

A–Z country lists of policies and actions

The principal menu contains A–Z country tabs on “policies” and “programmes/actions”, which provide policy and action data by country. Opening a country page provides a full list of policies or actions in the selected country, and opening a policy or action in this list provides a detailed fact sheet for the selected policy or action. Users can download data in CSV format for all countries on the main list of countries, or for a specific country on the summary page of that country.

Most of the 26 respondents that had used the A–Z country lists to access policies or actions in specific countries had also accessed the more detailed information on specific policies or actions. However, few respondents had exported a CSV file (**Fig. 18**).

Fig. 18. Information accessed from the policies and actions A–Z country lists (n=26)^a



^a Respondents could select multiple answers.

Search function

The GINA search page comprises a free text search and filtered views. Users may filter policy and action data for specific countries or regions, or data that correspond to their field of interest (e.g. stunting or breastfeeding). They may further filter for a range of aspects, such as partners, policy or programme type, delivery mechanism and target groups. The filtered data are displayed in a results table, with policy data indicated by “P”, action data by “A” and mechanisms data by “M”.

Most of the 16 respondents that had used the search function in GINA found it clear or very clear, and easy or very easy to use (**Fig. 19** and **Fig. 20**). Most respondents filtered data on the search page by country, flowed by policy type, target population group and programme type (**Fig. 21**). Other filters available were less often used and further guidance on these filters may be needed, to increase understanding and use.

Top 10 lists

The Top 10 lists are designed to quickly locate the 10 most common actions, implementing and funding partners, countries with most policies and actions, and GINA contributors. They also contain summary tables on progress in the countries that are part of the Scaling Up Nutrition (SUN) movement.

Most respondents indicated that the content of the Top 10 lists is clear (**Fig. 22**). The respondents who had visited the Top 10 page most often consulted the top 10 actions being implemented and the top 10 countries with the most actions (**Fig. 23**). The summary tables on SUN countries were less often used.

Fig. 19. Clarity of GINA search (n=16)

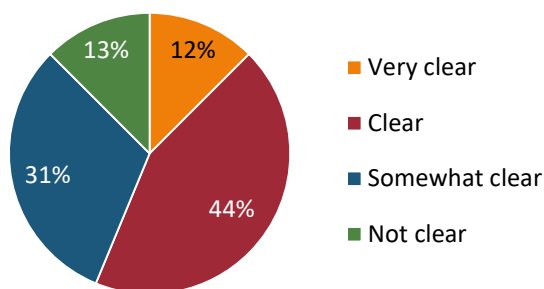


Fig. 20. Ease of use of GINA search (n=16)

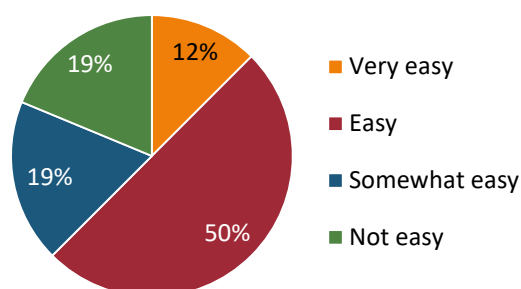
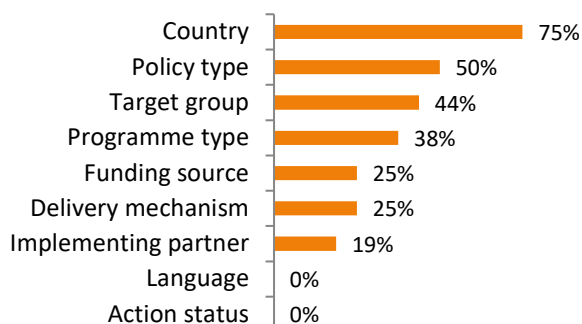


Fig. 21. Filters used on the GINA data search (n=16)^a



^a Respondents could select multiple answers.

Fig. 22. Clarity of content on Top 10 page (n=12)

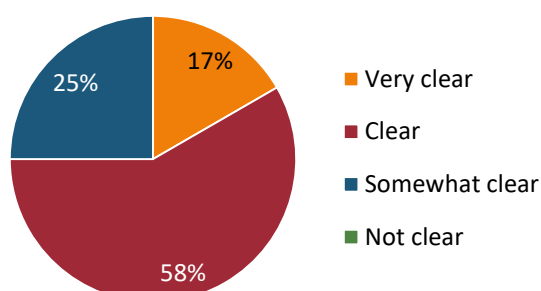
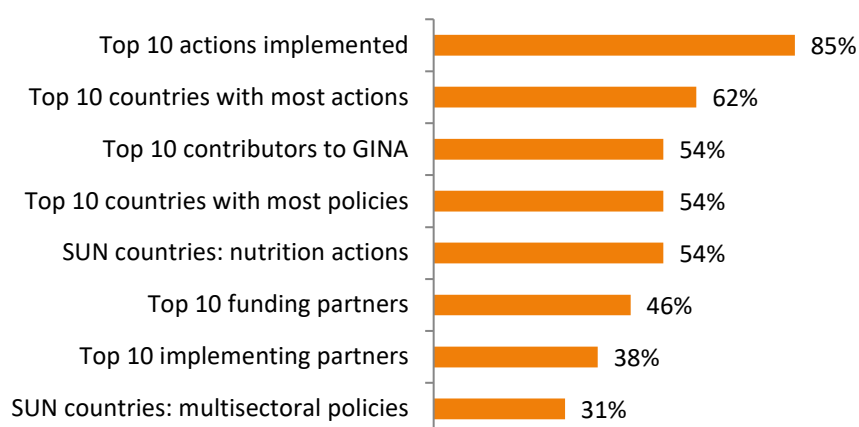


Fig. 23. Use of information on Top 10 page (n=13)^a



^a Respondents could select multiple answers.

Dashboard and data submission in GINA

GINA aims to be a portal for lesson learning and information sharing. The database has therefore been set up to allow anyone to register as a contributor to GINA and to submit data through a wiki approach. Registered contributors can be government officials, programme planners, NGO staff, research teams or any other stakeholders. The wiki approach means that contributors can either enter new data or propose edits to existing data. Each submission triggers a verification process by regionally assigned GINA data approvers. The approvers review the submission and request clarifications until the data are ready to be published online. Registered users have a personal dashboard with an overview of the data that they have submitted or edited, including their status of verification.

Only five respondents had registered in GINA and used the dashboard that is available to registered users. Four of them had found the registration process clear and dashboard easy to use. Three of them indicated that they submit information to the website on a monthly basis. The areas noted as needing improvement were the verification time and the email notification system.

Summary of feedback

Respondents gave a high rating to the ease of use and the quality of content of GINA, and found the information on policies and actions to be helpful. Almost half of the regular users of GINA reported that they always or frequently consult GINA rather than other search engines or repositories to identify nutrition-relevant policies and programmes.

Several areas for potential follow-up or improvement were identified including the need to improve the dissemination of the information in GINA, the use of existing features and the quality of the data, as discussed below.

Improve the dissemination of the information in GINA

GINA may not be sufficiently well known, particularly among policy and programme planners. Suggested actions include:

- indexing GINA in prominent research data repositories such as PubMed;
- introducing GINA at international conferences and congresses to increase general awareness;
- working with WHO collaborating partners to present GINA at the country level, to target professionals at courses, congresses and conferences; and
- encouraging universities to include GINA in their teaching programmes.

Improve the use of existing features in GINA

Some of the features in GINA may not be fully utilized. The registry of policy commitments (i.e. the stated policy goals and strategies) is a resource for learning that is not currently being used to hold governments accountable. Suggested actions include:

- providing more direction on how to use key functions such as filtered searches, interactive maps and spreadsheet downloads; and
- presenting data by topic or other categories that makes it easier to find and use.

Improve quality of data in GINA

Although respondents found the data to be helpful, suggestions were made about how to improve and update the information. Suggested actions include:

- ensuring that data in GINA come primarily from government, with partners' data as a secondary source;
- involving the WHO country offices more in keeping the database updated, by creating a culture of adding new policies in countries to the database, or at least sharing those policies with the WHO headquarters team responsible for updating GINA;
- engaging SUN focal points in SUN countries in providing updated information and ensuring that national information platforms for nutrition are linked with GINA;
- ensuring the timely verification of data submitted through the wiki approach; and
- considering inclusion of further information on actions and other data types.