



# AMBITION AND ACTION IN NUTRITION 2016–2025



World Health  
Organization





WHO Director-General Dr Margaret Chan

19 July 2016

*“It is unprecedented that nutrition is so high in the political agenda of Member States and the Decade of Action on Nutrition is a unique opportunity to drastically change our food environment, to eradicate hunger and prevent malnutrition worldwide”*

Ambition and Action in Nutrition 2016-2025

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# CONTENTS

<b>FOREWORD</b>	<b>VII</b>
<b>ACKNOWLEDGEMENTS</b>	<b>X</b>
<b>LIST OF ACRONYMS</b>	<b>XI</b>
<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>1. CONTEXT</b>	<b>4</b>
1.1 Why this strategy	4
1.1.1 Previous nutrition targets and commitments	5
1.1.2 A new impetus for nutrition	8
1.1.3 The WHO reform process calls for fresh and cohesive approaches to delivering on the Organization's mandate	10
1.2 Focus, coherence and impact are at the core of WHO's Ambition and Action in Nutrition 2016–2025	11
<b>2. THE WHO NUTRITION RESULTS CHAIN</b>	<b>13</b>
2.1 Situation analysis	13
2.1.1 External situation: progress and complexity	13
2.1.2 Internal situation: nutrition is aiming to be on the top priority list of WHO	16
2.2 The WHO nutrition results chain	19
<b>3. WHO'S AMBITION FOR NUTRITION</b>	<b>22</b>
3.1 Vision	22
3.2 Mission	22
<b>4. APPROACHES FOR WHO'S WORK IN NUTRITION</b>	<b>23</b>
4.1 Principles underpinning WHO's approach to nutrition	23

<b>5. PRIORITIES AND ACTIONS FOR WHO'S WORK IN NUTRITION</b>	<b>27</b>
5.1 Leadership priorities	28
5.2 Guidance priorities	31
5.3 Monitoring priorities	34
5.4 Delivery model for nutrition actions	34
<b>6. IMPLEMENTING WHO'S AMBITION AND ACTION IN NUTRITION 2016-2025</b>	<b>37</b>
<b>7. STRENGTHENING CAPACITY IN WHO FOR NUTRITION ACTION</b>	<b>38</b>
<b>8. WHO'S AMBITION AND ACTION IN NUTRITION 2016-2025 REVIEW CYCLE</b>	<b>40</b>
<b>ANNEX 1</b>	
Overview of the nutrition landscape	41
<b>ANNEX 2</b>	
The Nutrition Working Group of the UN Interagency Task Force on NCDs	42
<b>ANNEX 3</b>	
Mapping of interdependencies between nutrition targets	43
<b>ANNEX 4</b>	
Strengthening capacity in WHO for nutrition action	46
Communications and advocacy	46
Networking and knowledge management	46
Resource mobilization	47
Breadth and depth of skills	47
Management support	48
Organizational coherence	48
<b>ANNEX 5</b>	
Summary of strengths, weaknesses, opportunities and challenges for WHO's work in nutrition	49
<b>SOURCES AND REFERENCES</b>	<b>50</b>

# FOREWORD



**Oleg Chestnov**

WHO Assistant Director-General  
Noncommunicable Diseases and  
Mental Health

As a global nutrition community, we have collectively been successful in positioning nutrition highly on the world's health and development agenda. Nutrition is firmly embedded in the 2030 Agenda for Sustainable Development through Sustainable Development Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture) and its targets 2.1 and 2.2.<sup>1</sup> There is also a clear recognition that nutrition contributes to nearly all of the other SDGs, in particular SDG3 (Ensure healthy lives and promote well-being for all at all ages) target 3.4.<sup>2</sup>

In addition, United Nations Member States have created a once-in-a-lifetime opportunity for increased investment and action in nutrition by declaring 2016–2025 to be the UN Decade of Action on Nutrition. Through UN General Assembly Resolution A/RES/259, the World Health Organization is mandated to lead the implementation of the Nutrition Decade, jointly with our sister UN Agency the Food and Agriculture Organization of the United Nations and in collaboration with the World Food Programme, the International Fund for Agricultural Development, and UNICEF. Actions under the Nutrition Decade will accelerate the implementation of commitments made at the Second International Conference of Nutrition (ICN2), lead to achieving the six Global Nutrition Targets and the diet-related noncommunicable diseases targets by 2025 and contribute to attaining the SDGs by 2030.

With the momentum of this promising era, WHO has developed an inclusive, multi-level, fit-for-purpose nutrition strategy, WHO's *Ambition and Action in Nutrition 2016–2025*. This has been the first-ever strategic exercise on nutrition undertaken by WHO, and the intensive work of many staff has resulted in the description of the Organization's strategic advantage, the definition of a vision and mission for nutrition for the next ten years and an agreed set of priorities including the delivery model. The strategy was also developed in the context of the internal WHO reform.

WHO's *Ambition and Action in Nutrition 2016–2025* provides the clarity and framework needed to ensure the support, buy-in and alignment on nutrition within WHO and with partners. It will encourage us to focus on what we do

<sup>1</sup> Target 2.1. By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round. Target 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

<sup>2</sup> Target 3.4. By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.





“ WHO has developed  
an inclusive, multi-level,  
fit-for-purpose nutrition  
strategy, *Ambition and  
Action in Nutrition*  
2016-2025 ”



best and to engage in strategic collaboration where appropriate. It will also steer us to use human rights-based approaches and prevent conflicts of interest.

The Noncommunicable Diseases and Mental Health (NMH) team that I lead in WHO includes experts working on nutrition, physical activity, prevention and control of noncommunicable diseases, food safety and mental health. WHO's *Ambition and Action in Nutrition 2016–2025* will improve the collaboration among these various areas of expertise, fortify common approaches, avoid duplication and increase our impact.

Through our demonstrated ambition and action in nutrition, we hope to increase trust among our donors, expand our donor base and indeed attract more needed investments. We want our Member States and partners to hold us to account for our nutrition ambitions; they will and should require us to show results in the given timeframe.

Finally, to speak in culinary terms, our *Ambition and Action in Nutrition 2016–2025* provides all the ingredients (the priorities) for healthy meals (nutrition policies and programmes) all over the world. It is now left to the global, regional and country chefs (WHO staff) to design the menu and cook the healthy, sustainable and tasty meals, appropriate to the local context!



# ACKNOWLEDGEMENTS

WHO's *Ambition and Action in Nutrition 2016–2025* was prepared under the leadership of Francesco Branca, Director of the Department of Nutrition for Health and Development (NHD). The work was supported by a team of consultants from PricewaterhouseCoopers who have solid knowledge of WHO and experience in managing transitions.

This strategic document is the fruit of an 18-month collaborative effort among 150 WHO staff from headquarters, regional and country offices. The development process was inclusive and transparent, with face-to-face meetings, webinars, an electronic survey, interviews and telephone conversations that included programme directors, coordinators, regional advisors, national professional officers, Heads of WHO Offices and key partners. The contributions and suggestions of every individual, who are too many to name, have been important in shaping this strategy, and the encouragement and patience shown along the way are very much appreciated.



# LIST OF ACRONYMS

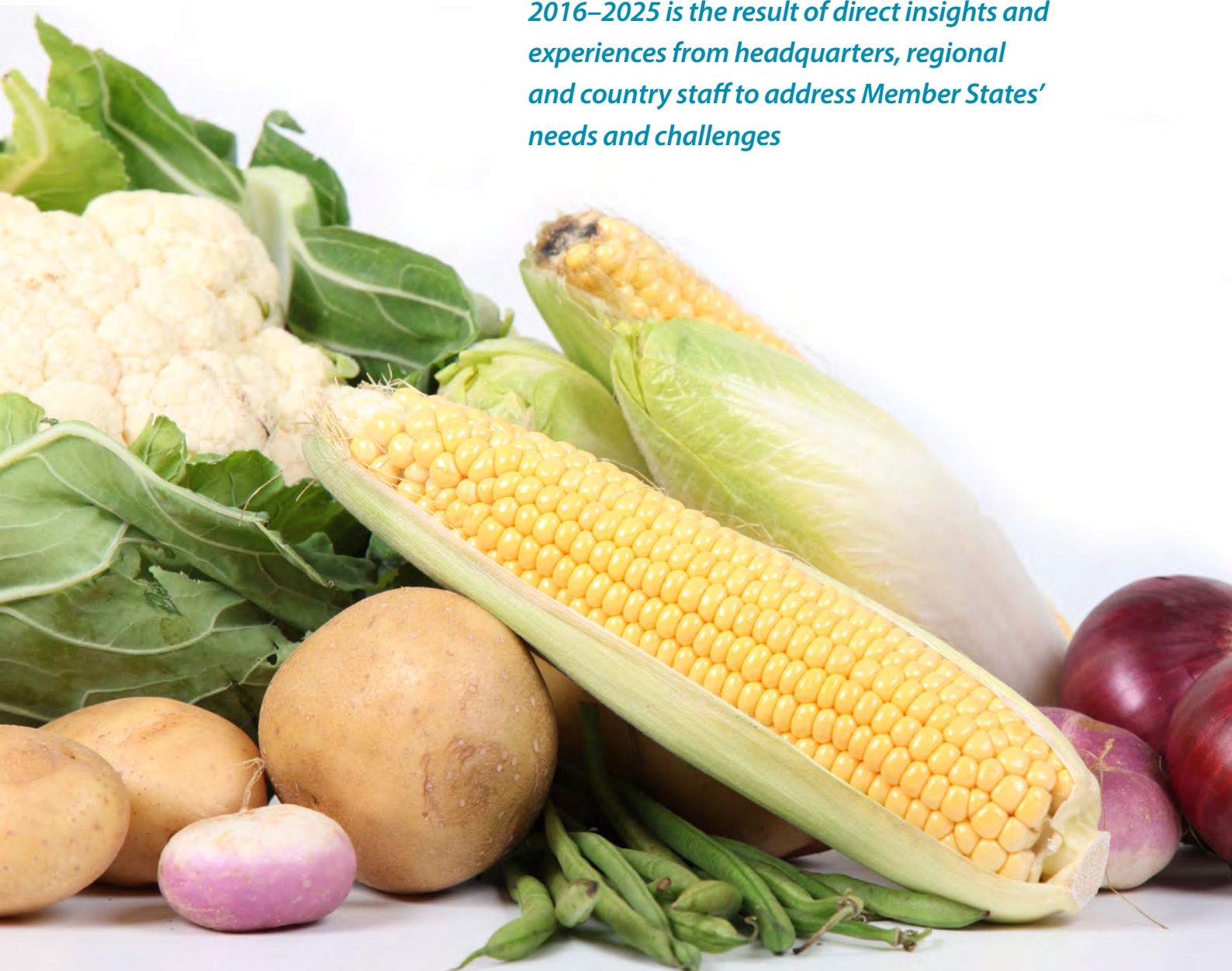
<b>CFS</b>	Committee on World Food Security
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FENSA</b>	Framework of Engagement with non-State Actors
<b>GPW</b>	Global Programme of Work
<b>HIV/AIDS</b>	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
<b>ICN2</b>	Second International Conference on Nutrition
<b>IFAD</b>	International Fund for Agricultural Development
<b>ILO</b>	International Labour Organization
<b>MDGs</b>	Millennium Development Goals
<b>NCDs</b>	Noncommunicable Diseases
<b>NHD</b>	Nutrition for Health and Development
<b>SDGs</b>	Sustainable Development Goals
<b>SUN</b>	Scaling Up Nutrition
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>WFP</b>	World Food Programme
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization
<b>UHC</b>	Universal Health Coverage
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNGNA</b>	United Nations Global Nutrition Agenda
<b>UNIATF</b>	UN Interagency Task Force on the Prevention and Control of NCDs
<b>UNICEF</b>	United Nations Children's Fund
<b>UNSCN</b>	United Nations System Standing Committee on Nutrition





Courtesy of FAO / Olivier Asselin

*WHO's Ambition and Action in Nutrition  
2016–2025 is the result of direct insights and  
experiences from headquarters, regional  
and country staff to address Member States'  
needs and challenges*



# EXECUTIVE SUMMARY

- The 2030 Agenda for Sustainable Development and the United Nations (UN) Decade of Action on Nutrition 2016–2025 have revitalized momentum for improving nutrition and have affirmed a clear leadership role for the World Health Organization (WHO). Nutrition is a contributor to the 17 Sustainable Development Goals (SDGs) adopted in 2015. It contributes directly to achieving SDG2 (End hunger, achieve food security and improved nutrition, and promote sustainable agriculture) and is a decisive enabler of SDG3 (Ensure healthy lives and promote well-being for all at all ages). The UN General Assembly Resolution 70/259 proclaims 2016–2025 to be the UN Decade of Action on Nutrition and specifically calls upon WHO and the Food and Agriculture Organization of the United Nations (FAO) to lead its implementation.
- As momentum on nutrition increases, so does the complexity of the global nutrition landscape, with a skyrocketing number of organizations, partnerships and institutions active in nutrition over the recent years. This could lead to overlap, incoherence and duplication of work if agendas do not align. In this crowded arena, it also increases the risk of conflict of interest, and mechanisms need to be in place to safeguard public health at all levels.
- The scope of nutrition itself has evolved dramatically in recent years, thanks in part to the Second International Conference on Nutrition (ICN2). The ICN2 highlighted the importance of malnutrition in all its forms, including the rise of overweight, obesity and diet-related noncommunicable diseases (NCDs). Member States also recognized the importance of sustainable food systems for healthy diets.
- There is an increasing global acknowledgement that agriculture and food systems are linked to climate change, both as a cause and solution.
- A number of initiatives and publications have contributed to improving alignment of the still-fragmented nutrition community, and to a common vision and narrative on nutrition. These include the Scaling Up Nutrition (SUN) Movement, Nutrition for Growth, EAT, the Zero Hunger Challenge and the Global Nutrition Report.
- Firmly positioned within the WHO Constitution, nutrition is aiming to be on the top priority list of WHO. The ubiquitous nature of nutrition in the work of the Organization creates a risk of strategic and operational dilution: nutrition is both a programme area within the noncommunicable diseases programmatic category and an implicit contributor to other programme areas. Operationally, nutrition topics are spread over several WHO departments, reducing effectiveness and hampering coordination.
- In the context of the comprehensive internal reform WHO process started in 2011, the Department of Nutrition for Health and Development (NHD) embarked on defining a fit-for-purpose and coherent Nutrition Strategy (WHO's *Ambition and Action in Nutrition 2016–2025*) that aims to define the unique value of WHO for advancing nutrition and to focus the Organization on what it does best. Support from WHO leadership and collaboration across the three levels of the organization (global, regional and country level) are key success factors that shall be further developed. In the spirit of the reform, WHO's *Ambition and Action in Nutrition 2016–2025* is the result of direct insights and experiences from headquarters, regional and country staff to address Member States' needs and challenges.



- WHO's *Ambition and Action in Nutrition 2016–2025* is rooted in the six global targets for improving maternal, infant and young child nutrition set in 2012 as well as the global diet-related NCD targets established in 2013.
- WHO's *Ambition and Action in Nutrition 2016–2025* is based on a clear results chain articulating how the unique strengths and core activities of the Organization contribute to the reduction of malnutrition and to the prevention and the treatment of noncommunicable diseases, all requisites for the achievement of the SDGs. The key functions that form the core of WHO's work in nutrition are leadership, guidance and monitoring.
- WHO is setting a solid ambition for the coming ten years, with the vision of "A world free from all forms of malnutrition where all people achieve health and well-being". The nutrition mission is to: "Work with Member States and partners to ensure universal access to effective nutrition actions and to healthy and sustainable diets. To do this WHO: uses its convening power to help set, align and advocate priorities to move nutrition forward; develops evidence-informed guidance based on robust scientific and ethical frameworks; supports the adoption of guidance and implementation of effective actions; monitors and evaluates policy and programme implementation and nutrition outcomes".
- Five guiding principles form the foundation of the Organization's approach to its work in nutrition and provide a framework for prioritizing actions and ensuring coherence:
  1. Anchor WHO's *Ambition and Action in Nutrition 2016–2025* in the SDGs and the UN Decade of Action on Nutrition;
  2. Ensure a strategic focus for the Organization's work in nutrition;
  3. Develop an integrated approach;
  4. Promote collaboration and partnering within and outside of WHO;
  5. Recognize the role of key nutrition actions.
- A clear allocation of roles is proposed between WHO headquarters, regional and country levels to deliver the core functions of leadership, guidance and monitoring in an integrated way, ensure coherence and focus on key priorities to maximize impact.

## SIX PRIORITIES FOR THE WORK OF WHO IN NUTRITION

### LEADERSHIP

- Shape the narrative of the global nutrition agenda
- Leverage changes in relevant non-health sectors to improve and mainstream nutrition
- Leverage the implementation of effective nutrition policies and programmes in all settings, including in situations of emergencies and crisis

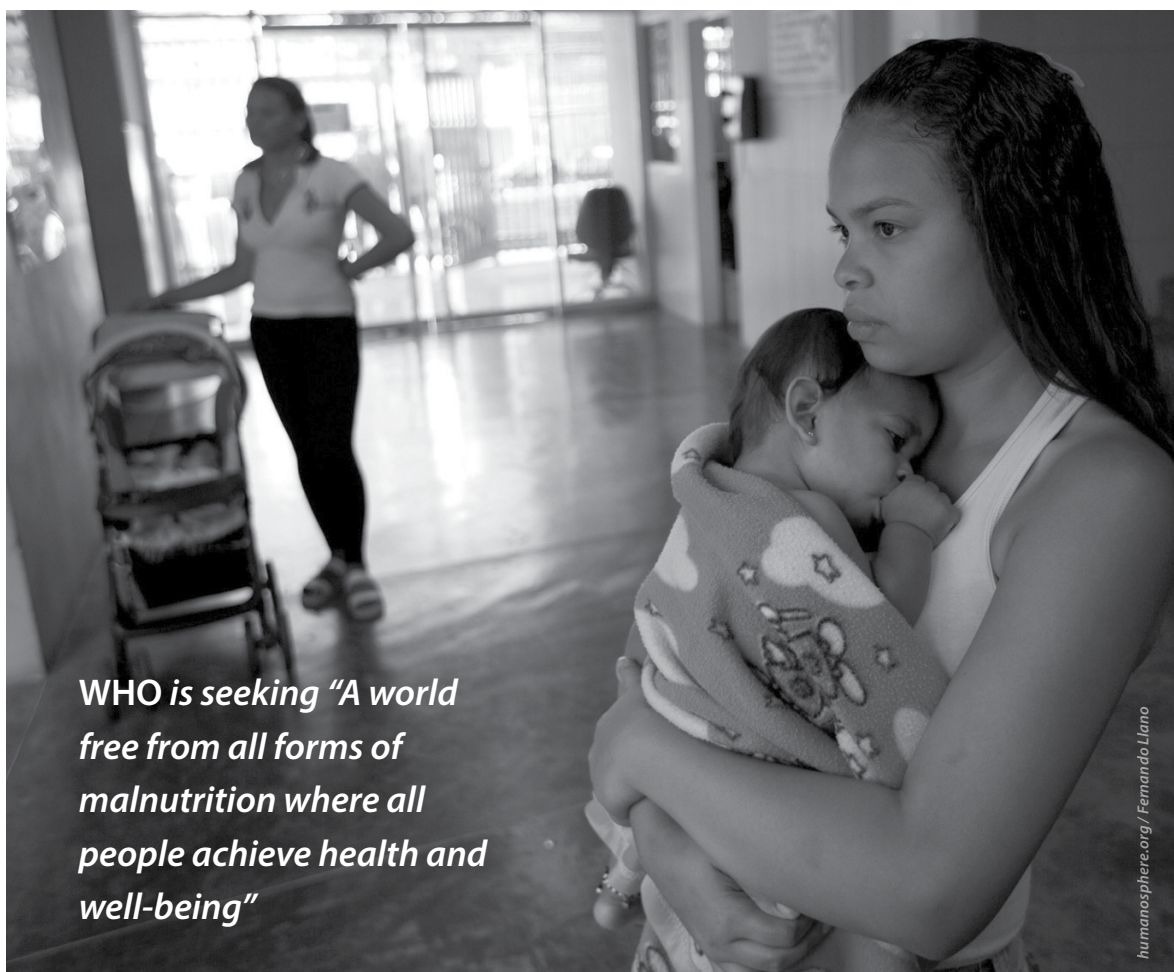
### GUIDANCE

- Define healthy sustainable diets and guide the identification and use of effective nutrition actions
- Improve the availability of nutrition actions in health systems

### MONITORING

- Support the establishment of targets and monitoring systems for nutrition





- In addition, WHO's *Ambition and Action in Nutrition 2016–2025* recognizes the need for WHO to strengthen its nutrition capacities across the Organization in a number of domains: communications and advocacy, networking and knowledge management, resource mobilization, breadth and depth of nutrition skills and management support. Specific actions related to skills, processes, organizational structure and technology are proposed to reinforce these capacities.
- This new ambition for the Organization's work in nutrition will imply a review of internal resources, resulting in a better distribution of staff between the three levels of WHO.
- WHO's *Ambition and Action in Nutrition 2016–2025* includes a number of review mechanisms taking into account the Organization's review cycle of its General Programme of Work and Programme Budget.
- WHO's *Ambition and Action in Nutrition 2016–2025* also builds on the overarching Framework of Engagement with non-State Actors (FENSA), which applies to engagements with non-State actors at all levels of the Organization.



# 1. CONTEXT

## SUMMARY

- The 2030 Agenda for Sustainable Development and the UN Decade of Action on Nutrition 2016–2025 have revitalized momentum for improving nutrition and have affirmed a clear leadership role for WHO. Nutrition contributes directly to achieving SDG2 (End hunger, achieve food security and improved nutrition, and promote sustainable agriculture) and is a decisive enabler of SDG3 (Ensure healthy lives and promote well-being for all at all ages). The UN General Assembly Resolution 70/259 proclaims 2016–2025 to be the UN Decade of Action on Nutrition and specifically calls upon WHO and FAO to lead its implementation.
- WHO's *Ambition and Action in Nutrition 2016–2025* is rooted in the six global targets for improving maternal, infant and young child nutrition set in 2012 as well as the global diet-related NCD targets established in 2013.
- Nutrition is aiming to be on the top priority list of WHO. The ubiquitous nature of nutrition in the work of the Organization creates a risk of strategic and operational dilution: nutrition is both a programme area within the noncommunicable disease category, and an implicit contributor to other programme areas. Operationally, nutrition topics are spread over several WHO departments, reducing effectiveness.

## 1.1 WHY THIS STRATEGY

The revitalized momentum for nutrition is coupled with a clear expectation that WHO play a leadership role.

In 2012, Member States endorsed six global targets for improving maternal, infant and young child nutrition. These targets, set for 2025, are vital for identifying priority areas for action and catalyzing global change. In addition, the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 lays out diet-related NCD targets. WHO's *Ambition and Action in Nutrition 2016–2025* sets the scene for the accelerated action needed to achieve these complementary sets of targets.

WHO's *Ambition and Action in Nutrition 2016–2025* also builds on a solid platform of WHO commitments and guiding documents in nutrition.

The process of WHO reform calls for fresh and cohesive cost-effective approaches to meet rising expectations from Member States and the global community, while safeguarding public health from conflicts of interest. This implies internal engagement and alignment around common objectives and approaches.

### 1.1.1 PREVIOUS NUTRITION TARGETS AND COMMITMENTS

There is a long history of nutrition-related commitments by WHO and its governing body, the World Health Assembly. As early as 1949, the Health Assembly called for the establishment of national nutrition committees, in collaboration with FAO (resolution WHA 2.13).

In 1974, the Health Assembly discussed the outcomes of the World Food Conference (resolution WHA 28.42), which focused on eradicating malnutrition and declared that every man, woman and child had the right to be free from hunger. In 1993, the Health Assembly endorsed the outcomes of the first International Conference on Nutrition (resolution WHA 46.7) and committed to eliminating famine and famine-related deaths, as well as iodine and vitamin A deficiencies. It committed to reducing undernutrition, especially among children, women and the elderly, iron deficiency anaemia, foodborne diseases and social and other impediments to optimal breastfeeding.

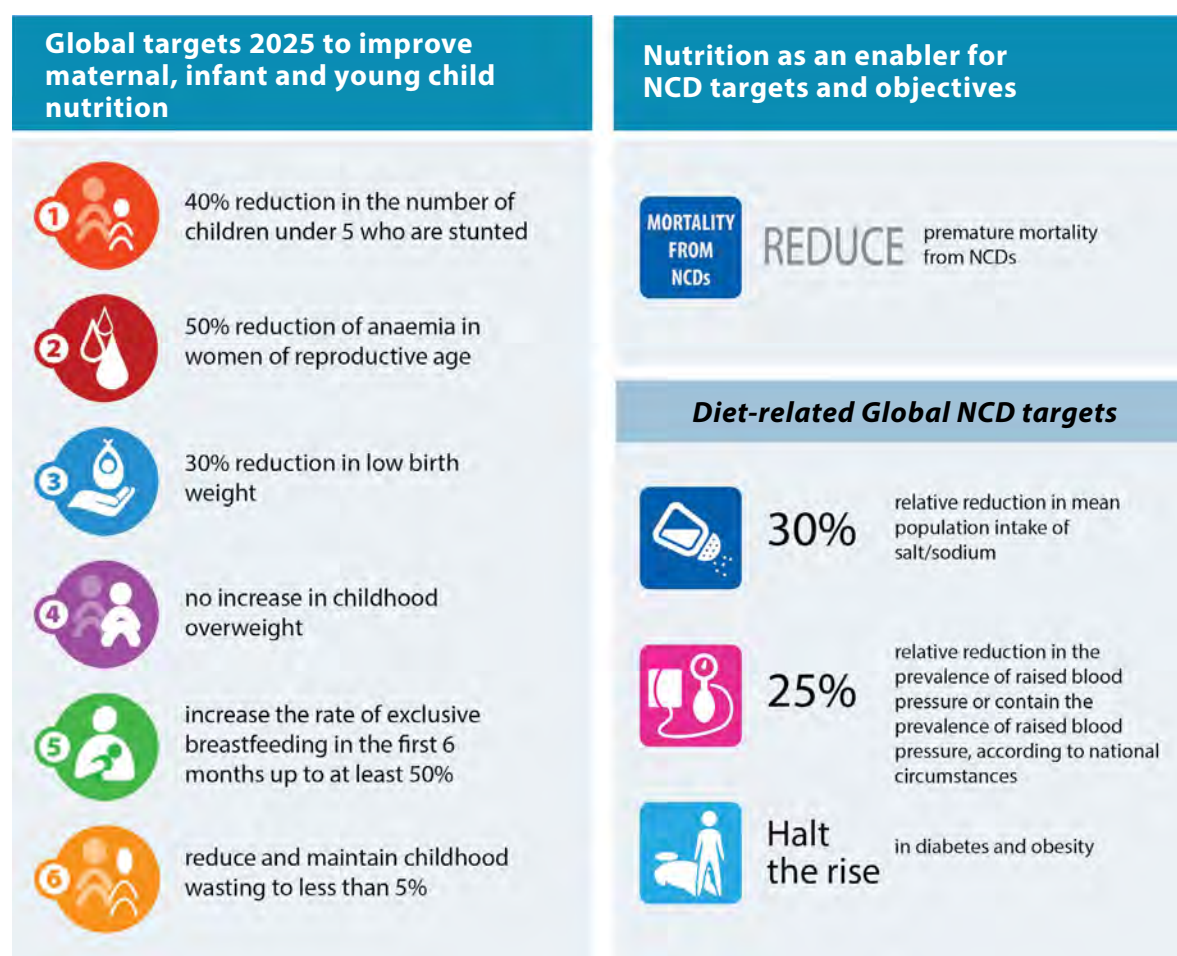
***The Health Assembly also passed resolutions on:***

- the International Code of Breast-milk Substitutes (resolution WHA 27.43);
- the prevention and control of vitamin A deficiency and xerophthalmia (resolution WHA 37.18);
- the management of micronutrient malnutrition (resolution WHA 37.18);
- the elimination of iodine deficiency disorders (resolution WHA 60.21);
- nutrition and infectious diseases, in particular HIV/AIDS (resolution WHA 59.11).

Since 2000, the focus of the Health Assembly nutrition debate has shifted towards the prevention of NCDs and a more comprehensive understanding of nutrition, considering all forms of malnutrition and a life course approach. In 2002, the Health Assembly approved the WHO and UNICEF Global Strategy for Infant and Young Child Feeding (resolution WHA 54.2), and the Global Strategy on Diet, Physical Activity and Health (resolution WHA 57.17). In May 2010, WHO Member States endorsed a set of recommendations on the marketing of foods and non-alcoholic beverages to children (resolution WHA 63.14).

More recently, the endorsement of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (resolution WHA 65/6) in 2012 and of the WHO Global Action Plan for the Prevention and Control of Noncommunicable diseases (resolution WHA 66.10) in 2013 ensured a more defined and ambitious role for nutrition. Furthermore, resolution WHA 65.6 calls on Member States to “establish a dialogue with relevant national and international parties and form alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest”.

**Figure 1. Overview of key nutrition and diet-related targets**



The Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition recognizes that accelerated global action is needed to address the pervasive problem of the double burden of malnutrition.<sup>3</sup> A set of six global nutrition targets were developed that aim, by 2025, to:

- *achieve a 40% reduction in the number of children under 5 years of age who are stunted;*
- *achieve a 50% reduction of anaemia in women of reproductive age;*
- *achieve a 30% reduction in low birth weight;*
- *ensure that there is no increase in childhood overweight;*
- *increase the rate of exclusive breastfeeding in the first 6 months of life up to at least 50%;*

<sup>3</sup> The double burden of malnutrition is characterized by the coexistence of undernutrition along with overweight and obesity, or diet-related noncommunicable diseases, within individuals, households and populations, and across the life course.

- *reduce and maintain childhood wasting to less than 5%.*

The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases (resolution WHA 66.10) calls for nutrition to play a key enabler role to a set of NCD targets:

- *a 30% relative reduction in mean population intake of salt/sodium;*
- *a 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances;*
- *halt the rise of diabetes and obesity.*

Nutrition also contributes to other health targets such as for AIDS and other communicable diseases.

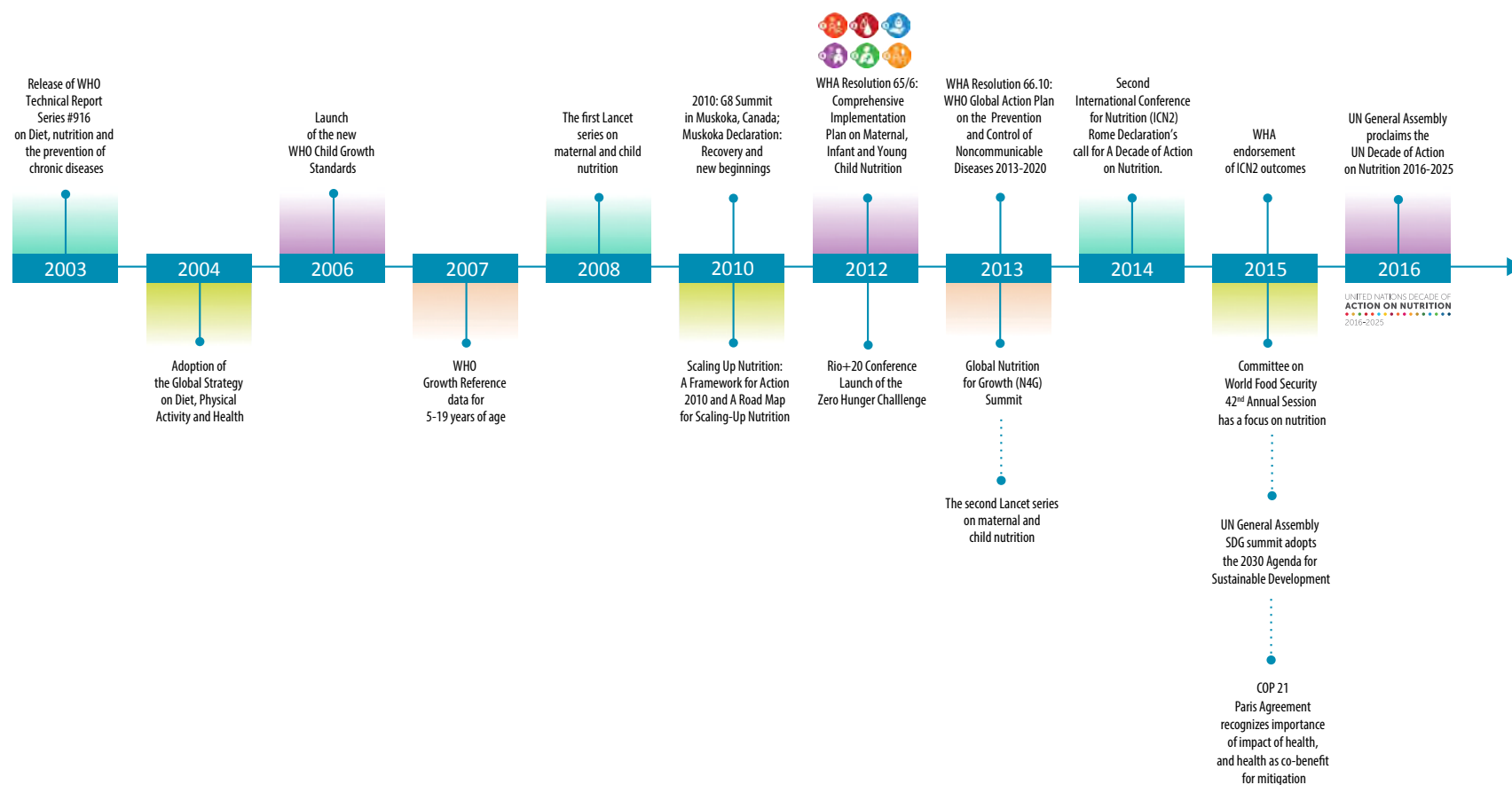
Defining these targets was an important step towards placing nutrition on the forefront of the health agenda. The targets now need to be integrated into a common framework for delivery, including ensuring coherence in how WHO organizes its contribution to addressing nutrition challenges and commitments.



### 1.1.2 A NEW IMPETUS FOR NUTRITION

The SDGs and the UN Decade of Action on Nutrition provide a new platform for achieving health impact, and the global momentum for fighting malnutrition in all its forms is on the rise. This momentum gathered during more than a decade's worth of global events, commitments, studies and new initiatives that moved the agenda for nutrition forward (Figure 2).

**Figure 2. Building momentum for nutrition 2003–2016**





**Figure 3. Nutrition as a requisite for achieving the SDGs**



**SDG Vision:** A world free of poverty, hunger, disease and want, where all life can thrive [...] with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured [...] where food is sufficient, safe, affordable, healthy and nutritious and produced without harm to the planet.

Existing Global Nutrition Targets have been made more prominent by:

- the inclusion of nutrition in the SDGs (Figure 3), providing a unique and unprecedented momentum to improving health and saving lives. Nutrition contributes directly to achieving SDG2 and is a decisive enabler of SDG3;
- the endorsement of the ICN2 conclusions, including the proclamation of the Decade of Action on Nutrition by the UN General Assembly. The Decade is a collective effort to set, track and achieve policy commitments to eradicate hunger and end all forms of malnutrition, and to ensure universal access to healthier and more sustainable diets. WHO and FAO were called upon to lead the implementation of the Decade of Action on Nutrition.

WHO Director-General Margaret Chan stated, “It is unprecedented that nutrition is so high in the political agenda of Member States and the Decade of Action on Nutrition is a unique opportunity to drastically change our food environment, to eradicate hunger and prevent malnutrition worldwide” (joint FAO/WHO launch of the Decade of Action on Nutrition in New York on July 19, 2016).

However, in a context of multiple nutrition actors and frequent financial and operational constraints in Member States, there is an acute need to ensure that nutrition remains a global priority, to demonstrate the effectiveness of nutrition actions and to ensure increased investment. This calls for renewed leadership, guidance, and monitoring from WHO, coordinated and aligned with Member States and partners.

### 1.1.3 THE WHO REFORM PROCESS CALLS FOR FRESH AND COHESIVE APPROACHES TO DELIVERING ON THE ORGANIZATION'S MANDATE

In 2011 WHO embarked on a comprehensive process of organizational reform. At its core, this process aims to maximize the impact of WHO by:

Aligning ambition and resources across the three levels of the Organization, by reinforcing coherence, accountability and providing sustainable and strategically aligned funding;

Focusing WHO on areas of greatest impact through a strategic approach to priority setting and effective coordination across the global health landscape;

Strengthening WHO's support to Member States and maximizing the value of cooperation with other actors, engaging in a dialogue with non-state actors in order to promote the implementation of WHO's policies, norms and standards.<sup>4</sup>



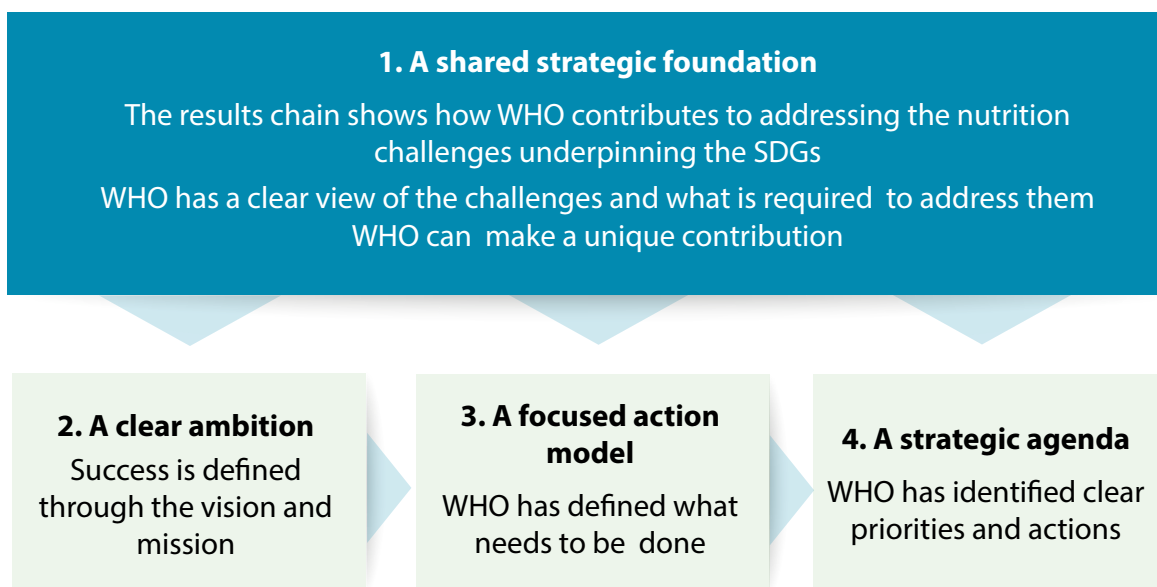
<sup>4</sup> WHA 69.10 [http://www.who.int/about/collaborations/non-state-actors/A69\\_R10-FENSA-en.pdf](http://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf)



## 1.2 FOCUS, COHERENCE AND IMPACT ARE AT THE CORE OF WHO'S AMBITION AND ACTION IN NUTRITION 2016-2025

WHO's *Ambition and Action in Nutrition 2016–2025* is based on four building blocks (Figure 4).

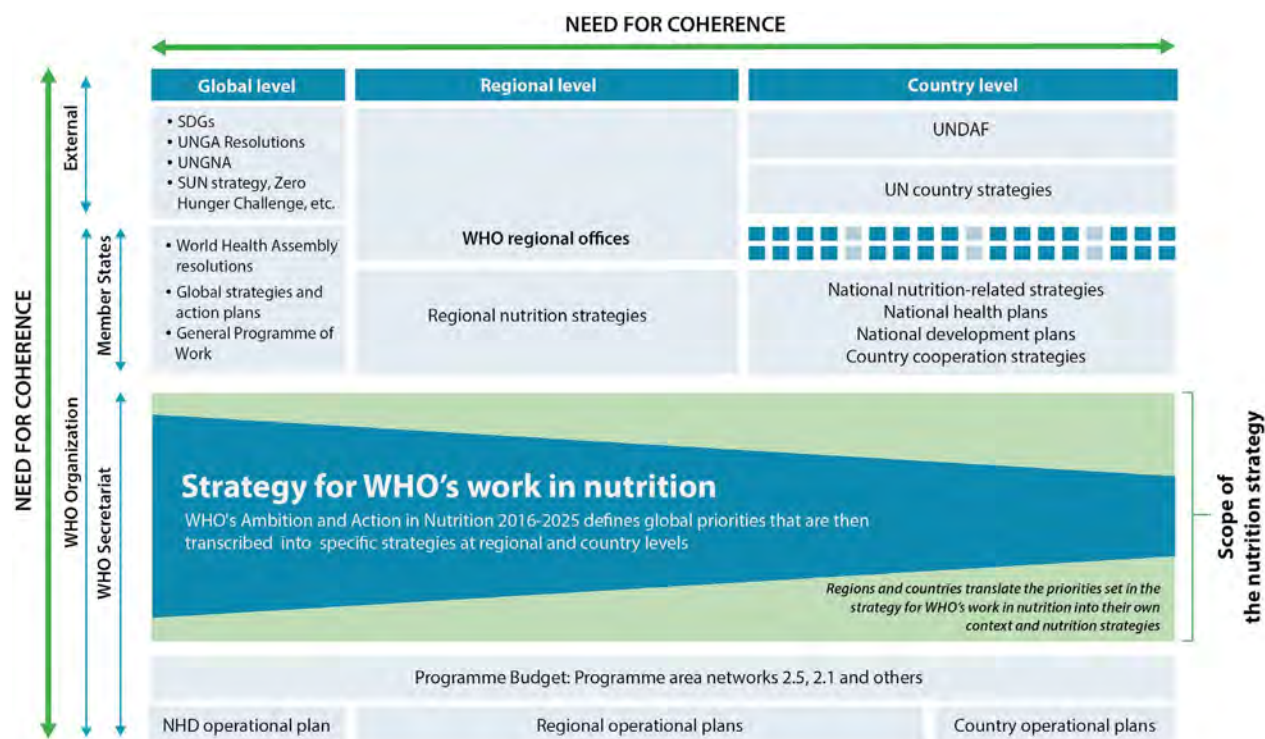
**Figure 4. Building blocks for WHO's Ambition and Action in Nutrition 2016–2025**



As shown in Figure 5, the strategy aims to bring about coherence by:

- fostering internal and external alignment between
  - > partner and UN-wide strategies (for example, that of the UN Global Nutrition Agenda, of the Scaling Up Nutrition Movement and of the UN System Standing Committee on Nutrition);
  - > World Health Assembly resolutions and strategies;
  - > the WHO Secretariat Programme Budget and operational plans; and
- progressively strengthening the focus and integrated delivery of the Organization's work in nutrition to address global, regional and country priorities and activities.

**Figure 5. Scope of WHO's Ambition and Action in Nutrition 2016–2025**



In that sense, the strategy is a management tool to ensure that WHO continuously aligns its internal and external work for maximum impact, while maintaining its independence and neutrality. The process undertaken to define WHO's *Ambition and Action in Nutrition 2016–2025*, and to promote and monitor its implementation, is in itself a change management process, and constitutes an approach for delivery that cuts across organizational boundaries in line with the spirit of the WHO reform process.

As a primary communication tool, WHO's *Ambition and Action in Nutrition 2016–2025* will be used in ongoing internal and external communication and outreach activities to support the achievement of the Global Nutrition Targets and to deliver on the WHO mandate.

## 2. THE WHO NUTRITION RESULTS CHAIN

### SUMMARY

- As momentum in nutrition increases, so does the complexity of the global nutrition landscape, with the number of organizations, partnerships and institutes active in nutrition skyrocketing over the recent years. This could lead to overlap, incoherence and duplication of work if agendas do not align. In this crowded arena, it also increases the risk of conflict of interest and mechanisms need to be in place to safeguard public health at all levels.
- The scope of nutrition itself has evolved dramatically in recent years, with the close relationship with NCDs and the importance of healthy diets. There are also increasingly strong linkages between nutrition, climate change and food systems.
- A number of initiatives including the SUN Movement have been launched to tackle the challenge of potential fragmentation of the nutrition community.
- WHO's *Ambition and Action in Nutrition 2016–2025* is based on a results chain that articulates how the unique strengths and core functions of WHO contribute to the reduction of malnutrition, the prevention of noncommunicable diseases and the treatment of communicable diseases. Three key functions form the core of the Organization's work in nutrition: leadership, guidance and monitoring.

### 2.1 SITUATION ANALYSIS

#### 2.1.1 EXTERNAL SITUATION: PROGRESS AND COMPLEXITY

##### ***Malnutrition in all its forms remains a key cause of mortality and poor health***

Despite significant progress in reducing hunger, the nutrition-related targets of the Millennium Development Goals (MDGs) were not fully achieved. Much remains to be done: nearly 800 million people remain chronically undernourished. In 2015, over 156 million children under 5 years of age were stunted and 51 million were wasted. A solid nutritional start has an impact for life on the child's physical, cognitive and social development.

Also in 2015:

- Undernutrition was an underlying cause in 45% of deaths of children under 5 years;
- The global under-5 mortality rate was 43 per 1000 live births, which means almost 6 million deaths in just one year;
- Nearly all countries were off course towards reaching the anaemia reduction target;
- Obesity affected 42 million children under 5 years of age, of whom 31 million live in developing countries;
- One out of 12 adults suffered from type 2 diabetes.

### ***Funding for nutrition actions has increased but remains inadequate***

In 2014, the World Bank estimated the annual spending on nutrition-sensitive actions in priority countries to be US\$ 3.9 billion. It highlighted the impact of insufficient levels of foreign investment and domestic financing of nutrition actions, and forecast that US\$2.6 billion in additional investments by donors would be needed each year for the next ten years to meet the costs of the nutrition-specific actions covering four of the six Global Nutrition Targets (stunting, wasting, anaemia and breastfeeding).

Although funding has increased by four-fold for nutrition-specific actions over the past ten

years, there is still only one third of the estimated financing that is required to achieve the global targets by 2025. This puts increased emphasis on the definition of evidence-based efficient nutrition actions and on sustaining Member States' domestic and development assistance funding for nutrition.

### ***As momentum on nutrition increases, so does the complexity of the global nutrition landscape***

With the increased momentum and related financial flows, the number of organizations active in nutrition has skyrocketed. Figure 6 and Annex 1 show the crowded nature of the nutrition landscape.

**Figure 6. Overview of the global nutrition landscape**



The involvement of multiple actors provides significant leverage for achieving common goals and allowing WHO to focus on its unique contribution. It also creates a risk of policy incoherence if agendas do not align, and of conflict of interest.

***The scope of nutrition itself has dramatically changed in the last few years.***

In the early 2000s maternal and child undernutrition was the main cause of death worldwide.<sup>5</sup> Consequently, the focus of the MDGs was the reduction of poverty and of child underweight. The reduction of underweight has primarily been tackled through policies addressing food insecurity, including improvements in agricultural production, the delivery of food aid and the management of acute malnutrition. In health programmes, priority has been given to improving maternal, infant and young child nutrition.

The epidemic of noncommunicable diseases rapidly changed the picture, and unhealthy diet rose to the top of the list of risk factors for the Global Burden of Disease. The broadening of scope has meant an involvement in nutrition of the health community dealing with the reduction of noncommunicable diseases.

In 2014, ICN2 called to address all forms of malnutrition, including undernutrition, overweight and diet-related noncommunicable diseases. This approach was subsequently taken up by the SDGs. The ICN2 emphasized the need to fix a broken and unsustainable food system and address malnutrition in all its forms through all related sectors, including health, agriculture, trade and industry, the environment, labour and social protection and education. These changes have influenced the numbers and types of current and potential partners.

The planetary impact of food systems has created an important new link between nutrition and the

climate change movements. Food security needs to be maintained in the face of increased needs, due both to population growth and to decreased productivity because of climate challenges. In addition, food production and consumption patterns need to be modified to reduce greenhouse gas emissions, biodiversity loss, water consumption and land degradation, and to tackle antimicrobial resistance.

The nutrition community was described by the Lancet Nutrition Series (2008) as fragmented and dysfunctional. A number of initiatives have been taken to respond to this challenge:

- The SUN Movement was established with the aim of improving political commitment to nutrition, strengthening country level multisectoral policies and aligning different actors, including civil society, donors, UN agencies and the private sector around a common results framework led by governments.
- The Zero Hunger Challenge, launched by United Nations Secretary-General Ban Ki-moon in 2012, reflects five elements from the SDGs which, taken together, can end hunger, eliminate all forms of malnutrition, and build inclusive and sustainable food systems.
- Movements and initiatives in other areas, such as Every Woman Every Child, the Partnership for Maternal, Newborn and Child Health (supporting the Global Strategy for Women's, Children's and Adolescents' Health) consider nutrition among their priorities.
- The Nutrition for Growth initiative, initially led by the United Kingdom, stimulated policy and financial commitments among a large group of actors including governments, donors, civil society, the UN and the private sector.
- New and important actors are appearing, such as the EAT initiative, aimed at generating

<sup>5</sup> Forouzanfar, Mohammad H et al. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet. 2015; 386: 2287–2323. doi: [http://dx.doi.org/10.1016/S0140-6736\(15\)00128-2](http://dx.doi.org/10.1016/S0140-6736(15)00128-2).



action to improve the food system in terms of environmental sustainability and health value, and the C40 initiative, bringing together 90 municipalities with the aim of addressing climate change, with a C40 network focussing on urban food systems.

- The policy discussion on nutrition has been taken up more prominently by the World Health Assembly, attended primarily by ministers of health and other health actors, and by the Committee of World Food Security (CFS) that concerns mostly ministers of agriculture and other food security actors, including the food industry. Nutrition has also been addressed at the United Nations General Assembly, attended by ministers of foreign affairs and top country leaders.

## 2.1.2 INTERNAL SITUATION: NUTRITION IS AIMING TO BE ON THE TOP PRIORITY LIST OF WHO

### *WHO has been a quiet, effective achiever in nutrition*

Through its Member States, WHO contributes directly to a series of vital commitments to improving nutrition, and to strengthening national capacity to act on those commitments:

- The International Code of Marketing of Breast-milk Substitutes and subsequent resolutions;
- The recommendations on the marketing of foods and non-alcoholic beverages to children (resolution WHA 63.14);
- The Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (2012) and its subsequent indicators and progress reports;

- The ICN2 Rome Declaration and Framework for Action (2014);
- The SDGs and the 2030 Agenda for Sustainable Development;
- The Nutrition for Growth commitments;
- The Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013);
- The endorsement of the UN Decade of Action on Nutrition, as co-lead with the FAO.

In this context, WHO has been successful at all levels in framing nutrition as a common goal. Examples of contributions include:

- Technical assistance to more than 90 countries to develop national nutrition policies, establish regulations, taxation schemes, and national actions to improve nutrition;
- More than 130 countries having now adopted the WHO growth standards from which annual joint estimates of malnutrition are developed;
- The Global database on the Implementation of Nutrition Action (GINA) launched in 2012, which is growing steadily and provides an interactive platform and mapping tool on nutrition policies and action;
- The e-Library of Evidence of Nutrition Actions (eLENA), a web-portal on effective nutrition actions, that was accessed by over 1.5 million visitors between 2013 and 2016;
- In the same time period, the strengthened capacity of more than 3400 health workers and government officials in 11 African countries to conduct nutrition surveillance and deliver effective nutrition actions.

- The Global Nutrition Targets Tracking Tool, developed by WHO, in collaboration with UNICEF and the European Commission to help countries set their national targets and monitor progress. This tool allows users to explore scenarios taking into account different rates of progress for the six targets and the time left to 2025.

***The ubiquitous nature of nutrition in the work of WHO creates a risk of strategic and operational dilution***

There is a dual nature to the Organization's work on nutrition in the Twelfth General Programme of Work (2014–2019).

Nutrition is a specific programme area within the noncommunicable disease category. There is a clearly identified outcome labelled "Reduced Nutritional Risk Factors" and there are two indicators: 1) number of stunted children below 5 years of age and 2) proportion of women of reproductive age (15–49 years) with anaemia.

At the same time, nutrition is an implicit contributor to achieving the following:

- Reducing under-5 mortality
- Reducing maternal mortality
- Reducing premature mortality from NCDs

- Preventing death, illness and disability arising from emergencies.

This dichotomy means that nutrition topics are addressed to varying degrees in numerous WHO departments in headquarters:

- The Department of Nutrition for Health and Development;
- The Departments of Prevention of Noncommunicable Diseases, Management of Noncommunicable Diseases, Food Safety and Zoonoses, Global Coordination Mechanism, (Noncommunicable Diseases and Mental Health cluster);
- The Departments of Maternal, Newborn, Child and Adolescent Health, Reproductive Health and Research, Public Health, Environmental and Social Determinants of Health (Family, Women's and Children's Health cluster);
- Some departments dealing with communicable diseases (malaria, TB, HIV, Neglected Tropical Diseases);
- The WHO Health Emergencies Programme.





At regional and country levels, nutrition responsibilities are also spread across multiple areas, not always following the same structure as headquarters.

Overall, while in principle the dual approach could result in mainstreaming the nutrition agenda within WHO, in practice it has resulted in a dilution of the priority and resources allocated to nutrition. This dilution would be amplified if WHO chose to focus solely on achieving SDG 3.

***While strong capabilities exist, they are not sufficient, most notably at regional and country levels.***

In October 2016, the nutrition capacity survey identified 108 staff members active on nutrition across WHO, excluding the 22 full-time NHD staff at headquarters. The 108 personnel devote various

proportions of time to nutrition activities, especially at country level, with a global average of 34%. This situation is further compounded by the fact that 56% of the nutrition practitioners identified at regional and country levels actually spend less than one quarter of their time on nutrition. In addition, limited funding has resulted in uneven geographic coverage, gaps in specific skill sets and difficulties in allocating priority to nutrition at country level.

WHO's *Ambition and Action in Nutrition 2016–2025* aims to increase the impact of WHO's contribution to health through nutrition by leveraging the strengths and opportunities and mitigating the weaknesses and threats identified in the analysis of the internal and external environments.

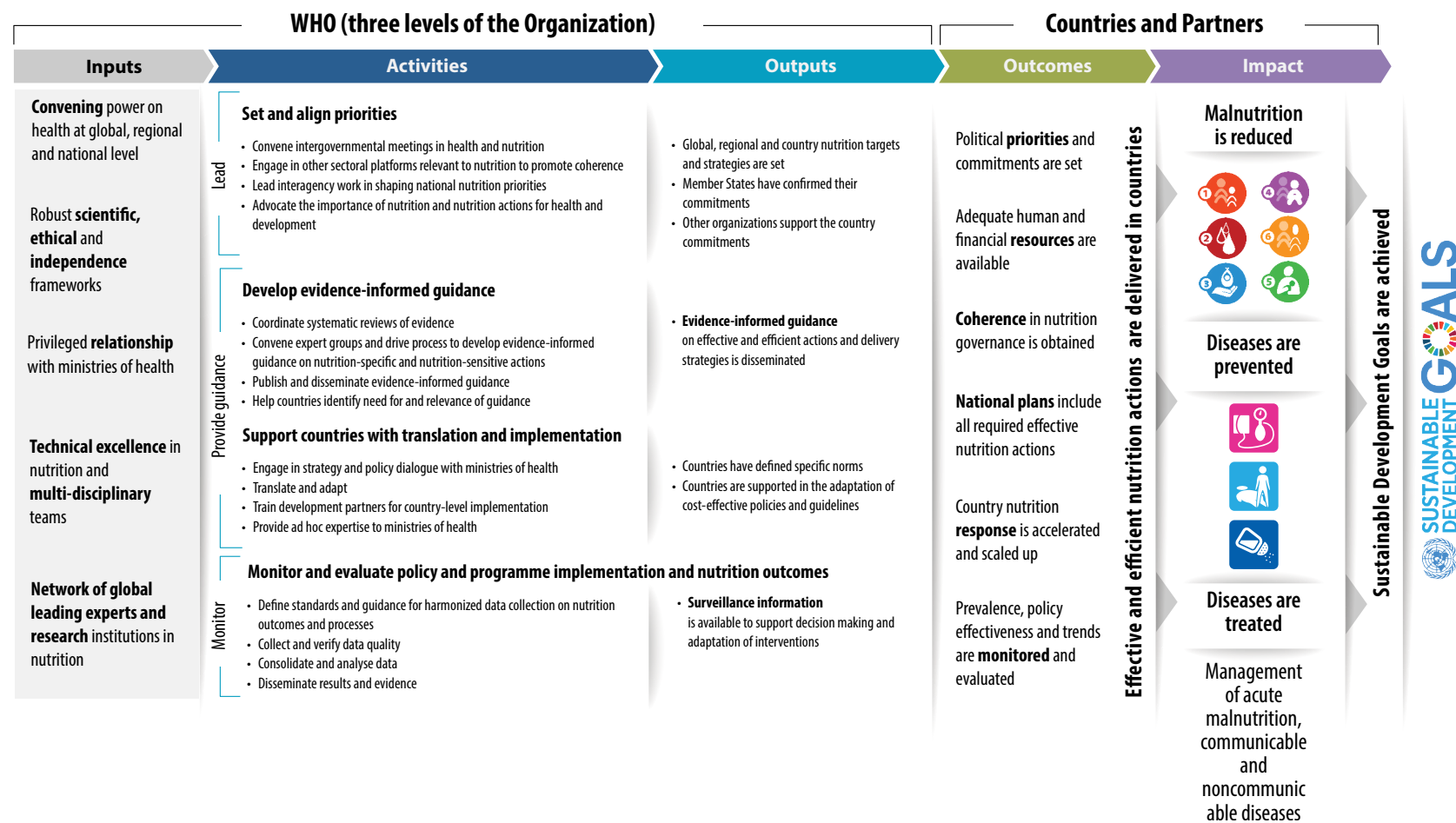
A summary of challenges, opportunities, strengths and weaknesses is provided in Annex 5.

## 2.2 THE WHO NUTRITION RESULTS CHAIN

The WHO nutrition results chain and the overview of its application (Figures 7 and 8) define the contribution of the Organization's work in nutrition to achieving the SDGs. It articulates how the strengths (presented as inputs) and core functions (leadership, guidance, and monitoring) of WHO contribute to the reduction of malnutrition in all its forms, the prevention of noncommunicable diseases and the treatment of communicable diseases.



**Figure 7. The results chain for WHO's work in nutrition**



As the global guardian of public health, WHO is uniquely placed to convene Member States and partners, to generate independent scientific evidence, and to develop and sustain networks of high-quality expertise.

*The three functions represent the core of WHO's work in nutrition:*

<b>LEADERSHIP</b>
Commitments on strategies and targets are essential for mobilizing and securing adequate human and financial resources and for effectively aligning the actions of Member States and partners.
<b>GUIDANCE</b>
Successful scaling up of nutrition actions requires that national plans cover a specified set of effective nutrition actions in the most efficient way. Some Member States need initial support to identify how to best tailor a set of coherent nutrition policies (support to adoption and adaptation) and how to effectively engage with partners while avoiding and managing conflicts of interest.
<b>MONITORING</b>
Tracking progress and trends holds governments and partners accountable for their actions to improve nutrition, and informs future priority setting.

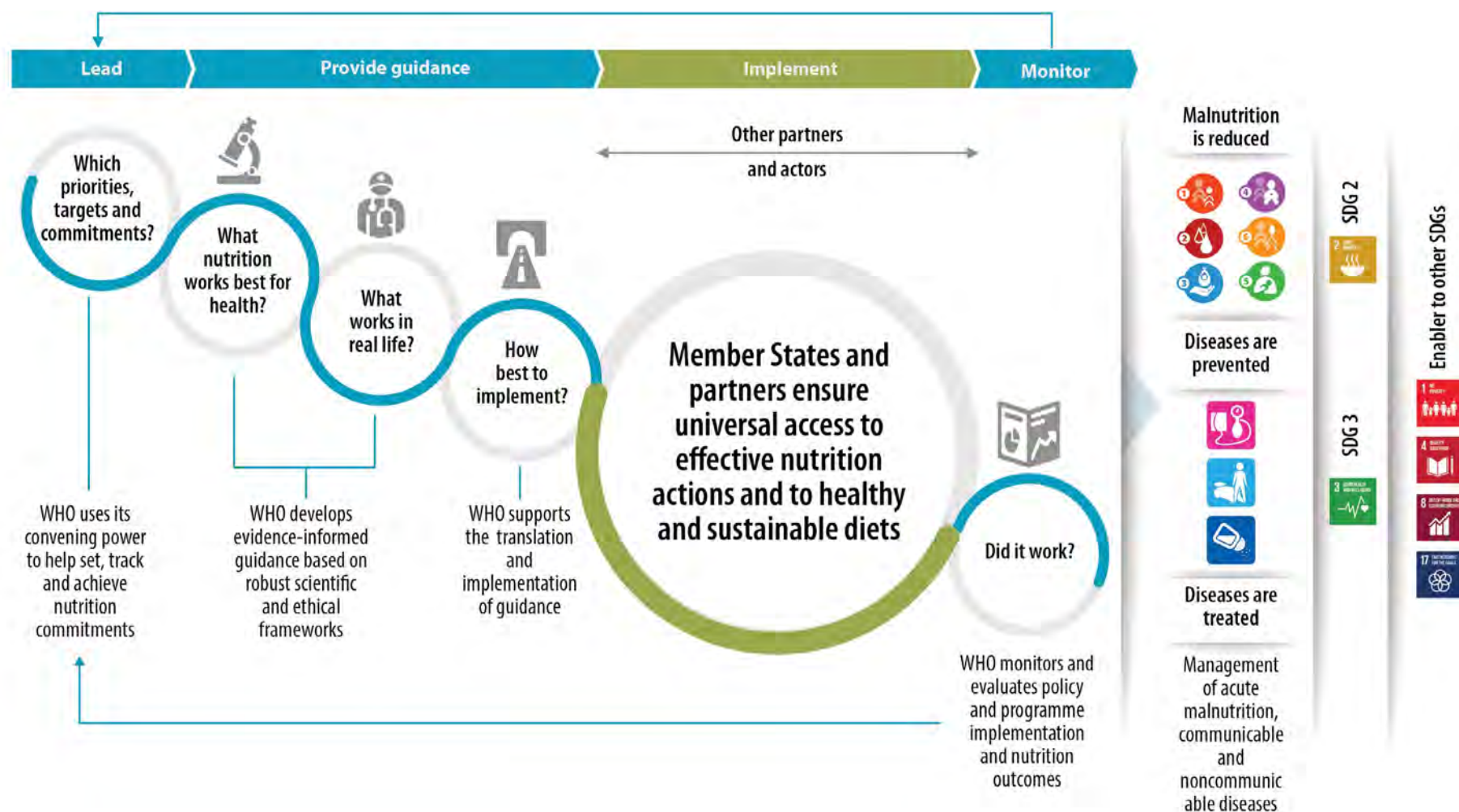
Under these functions, and in collaboration with partners, WHO will

- set priorities for nutrition actions;
- promote coherence among sectors involved in nutrition actions;
- advocate for the importance of nutrition for health;
- support the development of evidence-informed guidance;
- ensure access to this guidance through publication and dissemination;
- support countries to translate this guidance into action;
- monitor and evaluate this implementation by defining standards, developing tools, collecting and analysing data.

The targets, commitments, guidance, norms, and surveillance information are requisite for the ultimate outcomes and impact on population nutrition.



**Figure 8. Overview of WHO's work in nutrition**



## 3. WHO'S AMBITION FOR NUTRITION

### SUMMARY

- Building on the results chain, WHO is setting a clear ambition for its work in nutrition over the ten-year period 2016-2025. This ambition is expressed in its vision and mission.

### 3.1 VISION

*A world free from all forms of malnutrition where all people achieve health and well-being*

The key strategic elements reflected in this vision statement are:

- **A world:** WHO strives for impact in all countries.
- **All forms of malnutrition:** there is a need to address the double burden of malnutrition as well as diet-related noncommunicable diseases affecting individuals, households and populations.
- **All people:** a life-course approach is essential, including all population groups i.e. infants, children, adolescents, mothers, adults, the elderly, male and female.
- **Health and well-being:** WHO's work in nutrition is placed within the wider definition of health in the WHO Constitution, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

This vision is aligned with:

WHO's mandate and the principles set forth in its Constitution, as well as the SDGs, in particular SDG2 and SDG3.

### 3.2 MISSION

*To work with Member States and partners to ensure universal access to effective nutrition actions and to healthy and sustainable diets. To do this WHO:*

- *Uses its convening power to help set, align and advocate for priority actions to improve nutrition;*
- *Develops evidence-informed guidance based on robust scientific and ethical frameworks;*
- *Supports the adoption of guidance and implementation of effective actions;*
- *Monitors and evaluates policy and programme implementation and nutrition outcomes.*

The key elements of this mission statement are:

- **Working with Member States and partners:** WHO will use and strengthen its convening power to help set, align and advocate priorities to move nutrition forward across the four key activities outlined in the nutrition results chain.
- **Effective nutrition actions:** evidence-informed guidance developed through robust scientific and ethical frameworks free from conflict of interest, must underlie the development of effective and efficient nutrition-specific and nutrition-sensitive solutions.
- **Healthy and sustainable diets:** this recognizes the central and fundamental role of healthy diets at all stages of life, as well as the importance of sustainable environments and food systems in achieving the nutrition targets as recognized by the ICN2.

# 4. APPROACHES FOR WHO'S WORK IN NUTRITION

## SUMMARY

- Five guiding principles form the foundation of WHO's approach to its work in nutrition and provide a framework for prioritizing actions and ensuring coherence:
  - Anchor WHO's *Ambition and Action in Nutrition 2016–2025* in the SDGs and the UN Decade of Action on Nutrition
  - Ensure a strategic focus for the Organization's work on nutrition
  - Develop an integrated approach
  - Promote collaboration and partnership within and outside of WHO
  - Recognize the role of key nutrition actions.
- A clear allocation of roles is proposed between headquarters, regional and country levels to deliver the core functions of leadership, guidance and monitoring in an integrated way, ensure coherence and focus on key priorities to maximize impact.

## 4.1 PRINCIPLES UNDERPINNING WHO'S APPROACH TO NUTRITION

Five guiding principles underpin WHO's approach to nutrition.

### 1. Anchor WHO's *Ambition and Action in Nutrition 2016–2025* in the SDGs and the UN Decade of Action on Nutrition

The SDGs and the UN Decade of Action on Nutrition are key drivers of alignment of Member States, partners and the global community.

WHO will:

- Direct efforts and resources to address and contribute to the nutrition-related targets contained in SDGs 2 and 3 and to the implementation of the ICN2 recommendations;
- Give a lower priority to other actions and take on additional targets only when specifically mandated by the World Health Assembly.

### 2. Ensure a strategic focus for the Organization's work on nutrition

In a context of strained financial resources and the concurrent multisectoral and collaborative spirit of the 2030 Agenda for Sustainable Development, focus is critical to avoid dilution of capacity and impact.

WHO will:

- Support selected high-burden countries that demonstrate a readiness to commit to taking action;
- Intervene in areas where it will have the greatest impact in addressing all forms of malnutrition;
- Be fully engaged as a "Shaper" or "Do-er" around the three key functions (Figure 9).

### 3. Develop an integrated approach

Capacity constraints and increasing demands for support to nutrition programming call for a more effective and efficient use of nutrition resources and approaches. The results chain shows that policies can only be effective if actors set out to deliver end-to-end activities and foster integration between actions, in how WHO approaches targets, between sectors, across the three levels of WHO, and within WHO headquarters.

- Between actions: WHO's nutrition action model will be based on the most efficient continuum of activities;
- In how WHO approaches targets: WHO will acknowledge the interdependencies and commonalities between nutrition targets and progressively shift the vertical delivery approach taken to date to a horizontal perception of nutrition (Figure 10);
- Between sectors: recognizing that the WHO role and mandate rest firmly on health, WHO will interact with other sectors to deliver on the health agenda;
- Across the three levels of WHO: the Organization will build the continuum between the various levels from headquarters to country offices and across departments.

### 4. Promote collaboration and partnership within and outside of WHO

The complexity of the nutrition landscape and the specificities of country environments call for effective coordination between nutrition actors both inside and outside of WHO.

By promoting collaboration, WHO acknowledges that partners and other actors can be more efficient and effective at certain times and in certain domains of action. In these cases, WHO will lean towards a steering and catalysing role.

WHO will:

- Clarify and formalize the interactions and respective roles of clusters and departments, especially with the programme area networks 2.1, 2.6, 3.1 and 3.5<sup>6</sup> to improve efficiency (Figure 11);
- Adapt its role in accordance with the context in which it operates;
- Identify and foster a partnership strategy including the prevention and effective management of conflicts of interest;
- Develop a set of indicators to monitor and evaluate its contribution to achieving the Global Nutrition Targets through WHO's *Ambition and Action in Nutrition 2016–2025*.

### 5. Recognize the interdependencies between nutrition targets and the role of evidence-informed nutrition actions to address them simultaneously

Nutrition targets are dependent on one another, and some nutrition actions affect multiple targets simultaneously (Figure 10 and Annex 3). WHO uses solid scientific evidence, independently analysed, to identify key effective actions.

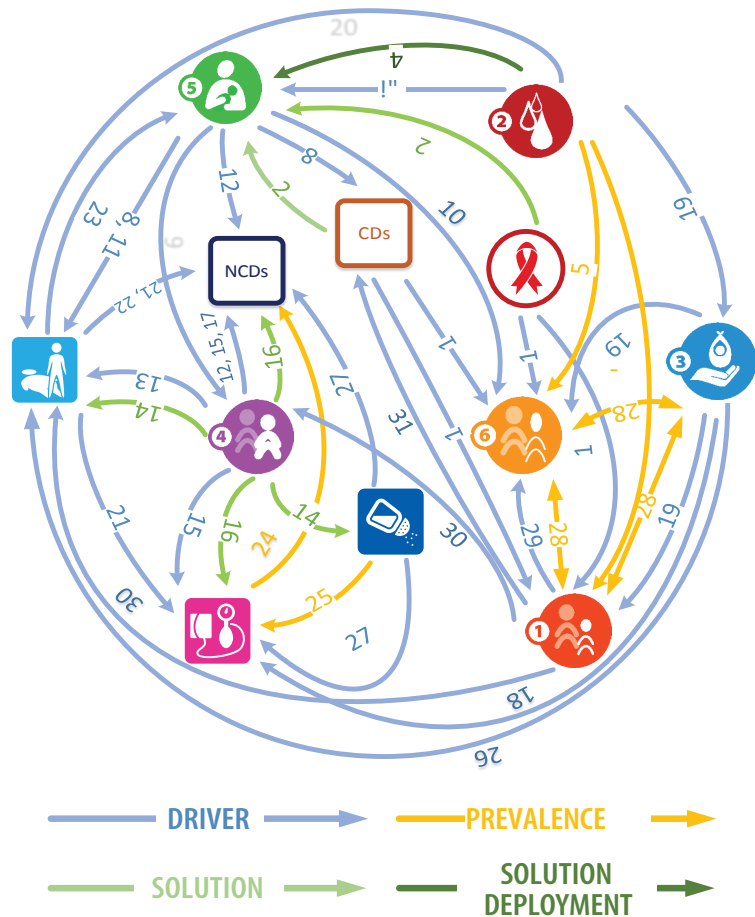
<sup>6</sup> Programme area networks 2.1 Noncommunicable Diseases, 2.6 Food Safety, 3.1 Reproductive, Maternal, Newborn and Child Health, 3.5 Health and the Environment.



Figure 9. Focus: positioning WHO as a shaper and a do-er in nutrition

← Least engaged Most engaged →				
Passive	Observer	Contributor	Shaper	Do-er
<ul style="list-style-type: none"><li>No proactive action towards existing nutrition initiatives</li><li>Reluctantly gets involved upon explicit request from Country office or Member State</li></ul>	<ul style="list-style-type: none"><li>Observes the emergence of nutrition initiatives and advocates for greater harmonization</li><li>Limited normative work in nutrition throughout the three levels</li></ul>	<ul style="list-style-type: none"><li>Seats in nutrition platforms focusing primarily in a technical advisory capacity</li><li>Extensive normative work primarily from headquarters and Regional offices</li><li>Selectively gets involved upon explicit request from Country office or Member State</li></ul>	<ul style="list-style-type: none"><li>Technical advisory and leadership role in global platforms</li><li>Prioritized body of work on normative work in nutrition</li><li>Active coordination with related technical areas within the Organization to mainstream the nutrition agenda</li><li>Willingly gets involved to support country level adoption/ adaptation of guidelines</li></ul>	<ul style="list-style-type: none"><li>Strong technical and political leadership</li><li>Proactive participation to further shape and coordinate the global agenda</li><li>Extensive normative work in nutrition</li><li>Proactively gets involved in intensifying country-level work on policies and programmes</li></ul>

Figure 10. Integration: mapping of dependencies between nutrition targets



**Figure 11. Interactions for nutrition between programme area networks**



## 5. PRIORITIES AND ACTIONS FOR WHO'S WORK IN NUTRITION

### SUMMARY

- Six priorities were identified across the three core functions presented in the results chain: leadership, guidance and monitoring.

### LEADERSHIP

- Shape the narrative of the global nutrition agenda
- Leverage changes in relevant non-health sectors to improve and mainstream nutrition
- Leverage the implementation of effective nutrition policies and programmes in all settings, including in situations of emergencies and crisis

### GUIDANCE

- Define healthy sustainable diets and guide the identification and use of effective nutrition actions
- Improve the availability of nutrition actions in health systems

### MONITORING

- Support the establishment of targets and monitoring systems for nutrition

The analysis of challenges provides clear messages:

- WHO excels in providing guidance on effective nutrition actions by developing evidence-informed guidelines and indicators for monitoring implementation and evaluating impact.
- WHO needs to strengthen its capacity for advocacy and coordination, given the increasing range of actors involved in nutrition, while simultaneously providing support that better meets the needs of countries.

Based on this, and in accordance with the approaches described in the previous section, six priorities were identified across the three core functions of leadership, guidance and monitoring.

## 5.1 LEADERSHIP PRIORITIES

### Priority 1. Shape the narrative of the global nutrition agenda

WHO's nutrition narrative is based on the following ten key messages:

1. All forms of malnutrition need to be addressed to achieve the SDGs. The six Global Nutrition Targets and the diet-related Noncommunicable Disease Targets represent the main nutrition challenges.
2. All countries are affected by one or more forms of malnutrition.
3. Poor nutrition affects the economy, and investment in good nutrition has potentially important economic returns.
4. Nutrition needs to be addressed at every stage of life and access to a healthy diet<sup>7</sup> is a human right.
5. Good nutrition in early life is critical for child health and development and for adult functional capacity.
6. The basic underlying causes of malnutrition are food systems that are not conducive to healthy diets, weak health systems and environmental challenges.
7. Improving nutrition requires action in multiple sectors and with multiple partners simultaneously, including food safety, water and sanitation, and physical activity, as described in the ICN2 Framework for Action.
8. Providing healthy diets to all is crucial to ensuring optimal health for people and the planet.
9. Solid evidence exists for effective programmes and policies, and action should be carried out urgently and at scale, leveraging the UN Decade of Action on Nutrition.
10. Improving nutrition is a responsibility for all actors of society, but government leadership is essential to ensure that all actions are conducted in the public interest.

Advocacy messages should be consistently given by the three levels of the Organization. The specific role of WHO in nutrition should be made clear and agreed by all WHO management, to maximize the impact of WHO's advocacy at all levels.

<sup>7</sup> It is emphasized that exclusive breastfeeding from birth to 6 months and continued breastfeeding up to 2 years and beyond is part of a healthy diet.



WHO will:

- Develop an Organization-wide nutrition advocacy strategy based on the ten messages to inform, engage and motivate actions among key stakeholders to improve population nutrition;
- Develop a nutrition advocacy toolkit for adaptation and use by regional and country offices to help systemize and coordinate the Organization's expertise in nutrition advocacy.

WHO has contributed to shaping the nutrition approach and goals of the SDGs through the establishment of Global Nutrition Targets and through the ICN2 outcome documents. WHO needs to ensure that this approach is maintained, highlight the contribution that health systems can provide to nutrition and advocate to make health outcomes the goal of food systems and policies.

WHO will:

- Work with UN agencies, programmes, funds and other bodies (including the Nutrition Working Group of the UN Interagency Task Force on the Prevention and Control of NCDs,<sup>8</sup> the UN System Standing Committee on Nutrition (UNSCN), the UN Network for SUN), civil society and other partners to design and support global and national campaigns and advocacy initiatives (Annex 2);
- Organize and participate regularly in high-level meetings on nutrition and related policy areas;
- Identify Member States that have implemented successful nutrition policies and promote them as nutrition leaders;
- Advocate for the adequate inclusion of an agenda to tackle malnutrition in all its forms in national nutrition priorities;
- Promote global nutrition reports and collaborate on their development and dissemination (for example, the State of Food Insecurity and Nutrition and the Global Nutrition Report).

## **Priority 2. Leverage changes in relevant non-health sectors to improve and mainstream nutrition**

Enhanced multisectoral coordination is essential to achieving maximum impact in nutrition. By engaging multiple sectors, partners can leverage knowledge, expertise, reach and resources, benefiting from combined and varied strengths toward a shared goal of eliminating malnutrition in all its forms. This implies the systematic engagement between health and non-health sectors. It also means that additional political commitment must be secured from government to allow shared policy frameworks and to establish policy coherence.

WHO will increase the impact of its work by focusing on collaboration with the food sector and the environment, and by using human rights and social protection frameworks.

<sup>8</sup> The United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs coordinates the activities of relevant UN organizations and other inter-governmental organizations to support governments to meet high-level commitments to respond to NCD epidemics worldwide.

In each of the following areas, WHO will:

## AGRICULTURE AND FOOD SYSTEMS

- In partnership with FAO, follow up the ICN2 outcomes (including the Codex and food safety related outcomes) and their reporting, and lead the implementation of the UN Decade of Action on Nutrition.
- Steer and participate in the development or update of global policy frameworks addressing agriculture and food systems (for example through participating in the work of the Committee on World Food Security).
- Contribute to the establishment of coalitions of governments, coalitions of cities and coalitions of civil society organizations and communities directed to implement specific policy changes recommended by the ICN2 (for example food reformulation, public food procurements, tax incentives and regulatory actions).
- Establish a dialogue with private sector actors (food manufacturers and food retailers) to influence the reformulation of foods, and the implementation of policy changes on nutrition labelling and marketing restrictions, while avoiding and effectively managing conflicts of interest.
- Participate in global, regional and national policy dialogue on trade regulations and other regulatory measures related to food and nutrition (including the World Trade Organization Agreements on the application of sanitary and phytosanitary measures and Technical Barriers to Trade, labelling or other dialogues held in the European Union, Mercosur and the Caribbean Community).

## ENVIRONMENT

- Participate in the development or update of global policy frameworks addressing climate change and biodiversity loss.
- Develop the evidence base for the alignment of measures to reduce the environmental impact of food production and the promotion of healthy diets.

## HUMAN RIGHTS AND SOCIAL PROTECTION

- Participate in the Human Rights Council and related activities.
- Collaborate with the Special Rapporteurs on the Right to Food and the Right to Health.
- Collaborate with the International Labour Organization (ILO) on implementing the Maternity Protection Convention N° 183 and the corresponding Recommendation 191.<sup>9</sup>
- Leverage the UN Global Nutrition Agenda platform, support the UNSCN to convene relevant partners to discuss respective roles and responsibilities, promote joint programming and resource mobilization (with, for example, the UN agencies, programmes and funds, members of the UNSCN) and initiate a continuous dialogue at WHO headquarters, regional and country levels to ensure that WHO is systematically present in local working groups where nutrition is a key contributor to achieving health targets (e.g. through the UN Network for SUN).

<sup>9</sup> Convention No. 183 concerning the Revision of the Maternity Protection Convention (Revised), 1952 and [Recommendation 191](#).

### **Priority 3. Leverage the implementation of effective nutrition policies and programmes in all settings, including situations of emergencies and crisis**

WHO will increase attention on how effectively and how fast its normative and technical mandate can translate into operational activities and integrated approaches that can be adopted by Member States. WHO will focus its efforts and resources on a number of priority countries with a high burden of malnutrition, and who demonstrate a readiness to act.

Addressing nutrition in emergencies is essential to meeting many of the global targets. Due to the multiplication of emergency situations, millions of people are living in difficult conditions.

The mandate given by the World Health Assembly and the establishment of the WHO Health Emergencies Programme in 2016 require a clear contribution of WHO nutrition experts, and the coordination of actions across WHO and within the relevant UN-led emergency clusters.<sup>10</sup>

WHO will:

- Identify priority countries where WHO may most readily support the implementation of effective nutrition policies and programmes;
- Strengthen collaboration with other UN agencies, programmes and funds and develop joint programming at country level;<sup>11</sup>
- Expand collaboration with bilateral development partners, nongovernmental organizations and civil society groups for country assistance;
- Provide support to country policy development through the sharing of good practices and evidence for effective action, participating in policy dialogue and action plan development, and assisting with protection from conflict of interest;
- Provide support to country policy implementation through assistance on policy design, high-level capacity building, and monitoring and evaluation by documenting good practices;
- Rationalize its work in nutrition in emergencies by developing an operating model for nutrition in emergencies and preparedness plans to support the Health Emergencies Programme.

## **5.2 GUIDANCE PRIORITIES**

### **Priority 4. Define healthy sustainable diets and guide the identification and use of effective nutrition interventions**

WHO is responsible for defining healthy sustainable diets that both ensure the prevention of all forms of malnutrition and diet-related noncommunicable diseases throughout the life course and are compatible with planetary health. It is also responsible for identifying effective programmes and policies to promote healthy diets and nutrition in all settings, including in emergencies. These actions can be delivered through the health sector and through other sectors.

<sup>10</sup> The Global Nutrition Cluster is led by UNICEF, and the Global Health Cluster is led by WHO.

<sup>11</sup> UNICEF and WFP have reviewed their nutrition strategy or programme; overweight and obesity are now fully included.

Between 2009 and 2016, WHO developed over 30 nutrition guidelines to support Member States and partners. Developing evidence-informed guidance on nutrition remains a priority for WHO. The Organization will focus on guidance that has an impact on achieving the Global Nutrition Targets and the Noncommunicable Disease Targets, and is based on a strong body of evidence.

Nutrition during the first 1000 days of life (from pregnancy to 2 years of age), nutrition for adolescent girls, and policy measures to promote healthy diet and improve the food environment have emerged as priorities to be considered.

The process of developing WHO guidelines will be increasingly inclusive and transparent. Guidelines will be better communicated, adopted and adapted at scale, and their use and impact monitored.

WHO will:

- Engage countries and partners in identifying needs for guidelines and prioritizing their development, and establish a web-based nutrition guideline development tracking system for increased transparency of the guideline development process;
- Maintain solid processes to develop evidence-informed guidelines, with independence, high scientific quality and timely completion;
- Develop end-user-oriented guideline derivative products that expedite guideline integration and illustrate effective means to achieving Global Nutrition Targets, including tools to facilitate policy implementation;
- Ensure that emergency considerations are clear in WHO nutrition guidelines;
- Strengthen and expand guideline dissemination processes through direct dissemination and through interaction with partners, particularly within the UN system;
- Strengthen the processes of monitoring the adoption and evaluating the impact of WHO nutrition guidelines.

### **Priority 5. Improve the availability of nutrition actions in health systems**

Many effective nutrition actions and diagnostic procedures are delivered through health services: provision of nutrient and food supplements, management of malnutrition, dietary counselling, breastfeeding counselling and weight and height measurements. Most of these actions have a major impact on morbidity and mortality; a limited set of them can lead to an estimated 2.2 million lives saved and 50 million fewer cases of stunting by 2025, when combined with other health and poverty reduction efforts. However, the coverage of these actions is still very low. For example, fewer than 20% of children affected by severe acute malnutrition are able to access the treatment they need.

Achieving Universal Health Coverage (UHC) has been established as one of the targets of the SDGs. WHO will ensure that efforts to achieve UHC include the scaling up of essential nutrition actions.



WHO will:

- Advocate with and provide guidance to organizational teams working on health systems, maternal and child health, environment and communicable diseases (for example, the TB programme) and noncommunicable diseases to include effective nutrition actions;
- Strengthen linkages among different programme categories to ensure consistent approaches to and messaging of nutrition actions (Figure 11);
- Promote the delivery of effective nutrition actions at scale by ensuring that they are included in other WHO essential care practice guides (for example, Integrated Management of Childhood Illness, Integrated Management of Pregnancy and Childbirth, Antenatal Care Guidelines, Integrated Management of Adolescent and Adult Illness, as well as in the nutritional guidance for the management of communicable diseases, HIV/ AIDS and noncommunicable diseases);
- Ensure the inclusion of effective nutrition actions in training programmes for the health workforce;
- Improve the availability of therapeutic nutrition products (including vitamin and mineral supplements and ready-to-use therapeutic foods) by ensuring their inclusion in essential medicine lists and the pre-qualification of manufacturers;
- Ensure the mainstreaming of nutrition and the inclusion of effective nutrition actions in common health sector planning tools (e.g. costing and expenditure tracking).



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## 5.3 MONITORING PRIORITIES

### Priority 6. Support the establishment of targets and monitoring systems for nutrition

Setting targets and defining systems to track their achievements are essential steps for defining policies and strategies and for establishing accountability systems. Countries have agreed on three interrelated sets of global targets: Global Nutrition Targets, Noncommunicable Disease Targets and SDG targets. Measuring progress will require developing national targets and reporting on their achievement.

The contribution made by WHO to developing the global targets renders it well placed to support the development of national targets. In addition, WHO facilitated agreement on the Global Nutrition Monitoring Framework and related operational guidance on collecting data. Information is needed on nutritional status and on progress towards targets, as well as on the implementation of policies. Engagement with non-State actors also needs to be monitored in order to ensure that public health is protected from conflicts of interest.

WHO will provide direct technical assistance and will convene partnerships for the collection, analysis and reporting of data. It will:

- Support countries to establish national targets for nutrition and for diet-related NCDs, define national nutrition monitoring frameworks in line with the Global Nutrition Monitoring Framework and the Noncommunicable Disease Monitoring Framework, and monitor the development and implementation of national nutrition policies and programmes;
- Provide operational guidance on collecting and analysing nutrition data;
- Maintain public-access global data banks on nutritional status and nutrition policy implementation;
- Establish partnerships to move forward the data revolution for nutrition while safeguarding public health from conflicts of interest.

## 5.4 DELIVERY MODEL FOR NUTRITION ACTIONS

A delivery model has been defined to support the approach described in this document (Table 1). The delivery model has been designed to allow WHO to provide support in an integrated way across the three levels of the Organization, to bring coherence and focus to its work in nutrition and to maximize its contribution to ending all forms of malnutrition.

**Table 1: Delivery model of nutrition actions across the three levels of the Organization**

	Leadership	Guidance		Monitoring
Headquarters	<ul style="list-style-type: none"> <li>Shape the global nutrition agenda and advocacy framework;</li> <li>Lead the global dialogue with Member States;</li> <li>Convene key stakeholders for global nutrition initiatives;</li> <li>Lead global dialogue with donors including on WHO resource mobilization in order to broaden the donor base;</li> <li>Prepare and promote global nutrition reports;</li> <li>Participate in the development or update of global policy frameworks addressing agriculture and food systems, climate change, human rights and social protection to mainstream nutrition;</li> <li>Lead UN interagency dialogue on nutrition;</li> <li>Contribute to the establishment of internal and external coalitions to advocate and implement effective nutrition actions;</li> <li>Support regional and country offices in the development of regional and national strategies and action plans.</li> </ul>	Develop guidance	Support implementation	<ul style="list-style-type: none"> <li>Develop effective models for strengthening nutrition surveillance;</li> <li>Monitor at global level the implementation of the Global Nutrition Targets;</li> <li>Establish partnerships to move forward the data revolution for nutrition.</li> </ul>
		<ul style="list-style-type: none"> <li>Prioritize guideline development;</li> <li>Formulate and update technical norms and standards;</li> <li>Shape the nutrition research agenda.</li> </ul>	<ul style="list-style-type: none"> <li>Generate and disseminate knowledge on best practices;</li> <li>Develop implementation tools and legal instruments at global level;</li> <li>Include effective nutrition actions in essential care practice guides.</li> </ul>	
Regional offices	<ul style="list-style-type: none"> <li>Advocate on regional nutrition matters notably through relevant regional bodies such as the West African Health Organization, the Association of South East Asian Nations, and the Gulf Cooperation Council;</li> <li>Develop regional strategies and action plans in the framework of WHO's <i>Ambition and Action in Nutrition 2016–2025</i>;</li> <li>Promote regional level interagency and multi-sectoral coordination;</li> <li>Contribute to the establishment of coalitions to advocate and implement effective nutrition actions;</li> <li>Mobilize resources for the implementation of regional nutrition strategies and action plans;</li> <li>Support country offices in the development of national action plans.</li> </ul>	<ul style="list-style-type: none"> <li>Contribute to guideline definition and prioritization;</li> <li>Develop policy implementation tools at regional level;</li> </ul>	<ul style="list-style-type: none"> <li>Provide technical support to countries.</li> </ul>	<ul style="list-style-type: none"> <li>Establish regional guidelines on nutrition surveillance;</li> <li>Promote and support regular programme evaluation.</li> </ul>

Country offices	Leadership	Guidance		Monitoring
	<ul style="list-style-type: none"> <li>Lead policy dialogue and advocate for key WHO nutrition messages at country level;</li> <li>Establish coalitions and networks with UN sister agencies present at country level such as WFP, UNICEF and FAO to advocate and implement effective nutrition actions and develop joint programming for the provision of technical assistance;</li> <li>Secure government and donor support to fund the implementation of national action plans to reach nutrition targets;</li> <li>Identify successful nutrition policies and promote countries as nutrition champions.</li> </ul>	Develop guidance	Support implementation	<ul style="list-style-type: none"> <li>Provide technical support to measure and report on nutrition indicators and to integrate them into existing health surveillance systems;</li> <li>Document good country practices.</li> </ul>
		<ul style="list-style-type: none"> <li>Promote the adoption and adaptation of WHO nutrition guidelines and Codex norms and standards at country level into national legislation;</li> <li>Update and support implementation of countries' norms and standards.</li> </ul>	<ul style="list-style-type: none"> <li>Provide assistance on programme design, capacity building, monitoring and evaluation;</li> <li>Establish partnerships to provide assistance on programme implementation.</li> </ul>	



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## 6. IMPLEMENTING WHO'S AMBITION AND ACTION IN NUTRITION 2016-2025

In order to implement the actions presented in this document, and based on the criteria of:

- strategic alignment with WHO's mandate and current commitments,
- the best investment case relative to adequate staffing levels,
- responsiveness to Member State requests and organizational effectiveness, and
- limited potential risks for global health and/or WHO's reputation and relevance,

it is clear that WHO must strengthen its role in nutrition.

This will imply:

- establishing a more integrated model with dedicated nutrition resources at the three levels of the Organization;
- at headquarters, organizing NHD according to the three core functions of leadership, guidance, and monitoring and improving synergies with other programmatic areas through joint programming;
- setting up and supporting intercountry support teams in the WHO African, American and Western Pacific regions as decentralized offices for technical support on nutrition;
- strengthening each regional office to ensure a critical mass of three staff with policy, advocacy and monitoring functions;
- allocating specific resources to those country offices with the greatest needs and where in-depth policy work is warranted;
- increasing staffing resources by 60% to reach a number of 85 full-time staff across the three levels of the Organization, and increasing funding at regional, intercountry and country levels from US\$ 44 million to US\$70 million per biennium;
- strengthening skills of WHO staff through a global and regional capacity building programme.

## 7. STRENGTHENING CAPACITY IN WHO FOR NUTRITION ACTION

To ensure the greatest impact for its work in nutrition and consolidate the support it offers to Member States and partners, WHO needs to develop nutrition-related capacity in: communications and advocacy, networking and knowledge management, resource mobilization, breadth and depth of nutrition skills and management support. “Capacity” is understood as the specific ability to perform the three core functions and the actions under the six priorities. Capacity may fall under the categories of structure, processes, people and technology. Table 2 summarizes the main elements; a full description can be found in Annex 4.

**Table 2: Development of WHO’s nutrition capacity across the Organization**

Structure	Process	People	Technology and Data
<b>Communications and Advocacy</b>			
Develop a global nutrition advocacy strategy at headquarters to be adapted by the regional and country levels	Define a systematic communications process and toolkits (newsletters, webinars) within specific programme area networks (e.g. 2.5 and 2.1) Develop a message bank	Identify a network of officers across the Organization, assigned to internal and external communications for nutrition	Train nutrition focal points in using available technology tools, and develop virtual communications and advocacy courses and toolkits
<b>Knowledge Management</b>			
Develop a nutrition knowledge management system	Identify priority knowledge domains and communities of practice at the three levels of the Organization and establish missing communities	Identify nutrition community of practice managers to promote a knowledge-sharing culture horizontally and vertically within the Organization	Systematically incorporate existing platforms into communications processes at the three levels of the Organization
<b>Resource Mobilization</b>			
Develop a resource mobilization strategy and action plan for nutrition	Develop a resource mobilization approach for nutrition and identify relevant innovative financing mechanisms in the context of FENSA	Develop a network of resource mobilization focal points for nutrition	Report on levels and impact of resource mobilization to identify lessons learned

Structure	Process	People	Technology and Data
<b>Breadth and Depth of Skills</b>			
Develop a nutrition competency framework	Develop a training curriculum for nutrition staff based on assessed needs	Ensure that staff have skills in the areas identified as gaps in the nutrition capacity survey including those related to legal issues and regulatory affairs	Leverage WHO's training platform to facilitate training activities in regions and in countries
<b>Management Support</b>			
Assess key internal stakeholders, their role in supporting WHO's <i>Ambition and Action in Nutrition 2016–2025</i> and their specific expectations as well as the role of nutrition for supporting goals, mandates, aims	Develop a stakeholder engagement action plan, briefing packages on WHO's <i>Ambition and Action in Nutrition 2016–2025</i> and its implementation	Ensure that nutrition staff have the relevant communication materials and skills	Maintain a mapping and database on internal stakeholders
<b>Organizational Coherence</b>			
Define a governance model and supporting mechanisms between NHD/NCD and other technical clusters	Identify and validate biennium objectives and priorities with other NCD departments and other relevant technical clusters	Define clear roles and responsibilities to support the governance model (programme area networks 2.1 and 2.5; NHD/NCD and other clusters)	Post the organizational structure and governance mechanisms on the WHO intranet



## 8. WHO'S AMBITION AND ACTION IN NUTRITION 2016-2025 REVIEW CYCLE

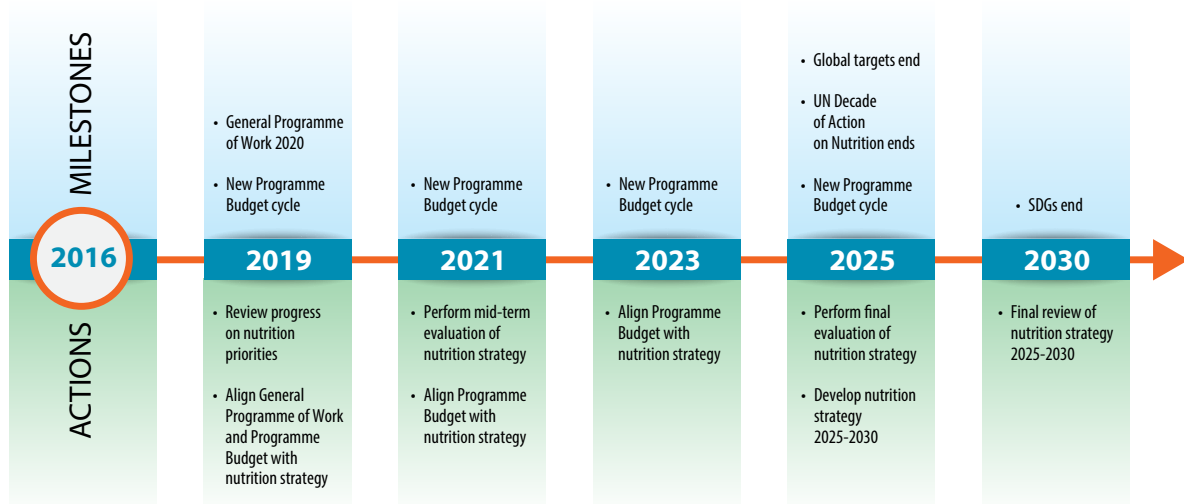
The review of WHO's *Ambition and Action in Nutrition 2016–2025* follows the review cycle of the WHO General Programme of Work. Reviews will be performed in 2020 and in 2026, jointly across the three levels of the Organization (Figure 12).

The reviews shall be based on a systematic assessment of WHO's achievements in terms of:

- Reaching the nutrition targets included in the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition and in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases in order to identify the priorities and activities for the subsequent cycle;
- Completion of the strategic priorities identified in WHO's *Ambition and Action in Nutrition 2016–2025* and assessment of the effectiveness of the nutrition activities;
- Effectiveness of the delivery model for nutrition actions at the three levels of the Organization.

A monitoring framework and a set of indicators will be progressively developed to track the implementation of the strategy. The framework will leverage the existing indicators outlined in WHO's Programme Budget and General Programme of Work.


**Figure 12. WHO's Ambition and Action in Nutrition 2016–2025 review cycle**





# ANNEX 1 OVERVIEW OF THE NUTRITION LANDSCAPE

ACTORS WITH NUTRITION FOCUS AND IMPACT (ILLUSTRATIVE)	
<b>Leadership</b>	<ul style="list-style-type: none"> <li>EAT Foundation • United Nations System Standing Committee on Nutrition • NCD Alliance • World Cancer Research Fund International • International Baby Food Action Network • German Federal Ministry for Economic Cooperation and Development • World Food Programme • Scaling Up Nutrition • Action Against Hunger • International Food Policy Research Institute • Save the Children • Canada • Food and Agriculture Organization of the United Nations • UNICEF • UK Department for International Development • United States Agency for International Development • Bill &amp; Melinda Gates Foundation</li> </ul>
<b>Guidance</b>	<ul style="list-style-type: none"> <li>London School of Hygiene and Tropical Medicine • Food and Agriculture Organization of the United Nations • United States Agency for International Development</li> </ul>
<b>Support to implementation</b>	<ul style="list-style-type: none"> <li>German Federal Ministry for Economic Cooperation and Development • Scaling Up Nutrition • UK Department for International Development • United States Agency for International Development • Bill &amp; Melinda Gates Foundation • Canada</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>International Baby Food Action Network • Global Alliance for Improved Nutrition • Action Against Hunger • Save the Children • World Food Programme • Nutrition International • Helen Keller International • UNICEF</li> </ul>
<b>Monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>World Cancer Research Fund International • International Baby Food Action Network • Helen Keller International • German Federal Ministry for Economic Cooperation and Development • Global Alliance for Improved Nutrition • Action Against Hunger • International Food Policy Research Institute • Save the Children • World Food Programme • Centers for Disease Control and Prevention • Food and Agriculture Organization of the United Nations • UNICEF • Canada • UK Department for International Development • Bill &amp; Melinda Gates Foundation • United States Agency for International Development • Nutrition International</li> </ul>
<b>Financing (donors)</b>	<ul style="list-style-type: none"> <li>German Federal Ministry for Economic Cooperation and Development • UK Department for International Development • United States Agency for International Development • Bill &amp; Melinda Gates Foundation • Japan • Canada • Australian Department of Foreign Affairs • Germany • Switzerland • Finland • Norway • Italy • European Union • Spain • USA • UK</li> </ul>



## ANNEX 2 THE NUTRITION WORKING GROUP OF THE UN INTERAGENCY TASK FORCE ON NCDs

Diet, malnutrition and NCDs are highly interrelated. It is well recognized that obesity, overweight and unhealthy diet are major risk factors for NCDs. Other interactions between the different forms of malnutrition and NCDs are, however, generally less widely understood. Efforts to improve maternal, infant and young child nutrition lay a foundation for NCD prevention in a number of different ways, and the full potential for improved nutrition to drive progress on NCDs runs deep.

Concerted global action on nutrition, therefore, clearly has huge potential to boost the fight against NCDs by reducing prevalence of obesity and overweight and tackling the unhealthy diets which can increase the risk of certain cancers and which result in high blood sugar, high blood pressure and high cholesterol, all important in the development of other NCDs.

A Thematic Working Group on Nutrition of the UN Interagency Task Force (UNIATF) was proposed in 2016 and established in 2017. This Working Group (WG), under the leadership of the UNSCN, brings together the NCD and nutrition communities across the UN system. In doing so, it drives forward progress—not only to reduce the burden of NCDs and to eliminate malnutrition, but also for the broader 2030 Agenda.

Aims of the Nutrition Working Group:

1. Improved awareness and understanding of the Right to Food and underlying factors of several forms of malnutrition and diet-related NCDs and their policy implications;
2. Improved policy coherence among UN agencies, programmes, funds and related intergovernmental organizations to ensure effective development and implementation;
3. Increased coordination of policy and programme actions related to nutrition and diet-related NCDs;
4. Provision of support to countries and regions in developing and implementing national and regional NCD strategies and action plans, as part of a healthy environment and integrated health systems.

# ANNEX 3

## MAPPING OF INTERDEPENDENCIES BETWEEN NUTRITION TARGETS

Ref #	Target (starting point)	Target (ending point)	Nature of dependency or commonality	Comments
1	AIDS and other communicable disease epidemics	Wasting / stunting	Driver	Communicable disease epidemics can lead to more wasting and stunting
2	AIDS and other communicable disease epidemics	Breastfeeding	Solution	When breastmilk (and thus breastfeeding) is not recommended due to a medical condition such as an infection transmissible through breast milk, breast-milk substitutes may be required
3	Anaemia	Low birth weight	Driver	Anaemic mothers are more prone to have low birth weight infants (differentiating between premature children and children abnormally small at term); these low birth weight infants are at greater risk of stunting and wasting
4	Anaemia	Breastfeeding	Solution deployment	Adolescents through schools; care for pregnant women and different distribution programmes; commonalities with healthy diet and breastfeeding in terms of solution deployment
5	Anaemia	Stunting and wasting	Prevalence	Commonalities in children suffering from anaemia
6	Anaemia (severe)	Low birth weight	Driver	Increased risk of mortality, - especially among those who get infections
7	Breastfeeding (adequate breastfeeding)	Reduction of communicable diseases (respiratory infections, measles)	Driver	Breastfed child has an increased capacity to fight infections
8	Breastfeeding (adequate)	Obesity	Driver	Helps mothers to lose weight after pregnancy (adequate breastfeeding decreases obesity)
9	Breastfeeding (inadequate breastfeeding)	Childhood overweight	Driver	Higher risk to develop childhood obesity among children breastfed less frequently and for a shorter period)

Ref #	Target (starting point)	Target (ending point)	Nature of dependency or commonality	Comments
10	Breastfeeding (inadequate breastfeeding)	Wasting	Driver	Sub-optimal breastfeeding (inadequate, mixed feeding or early introduction of solid foods) can lead to wasting
11	Breastfeeding (inadequate)	Obesity	Driver	Inadequate breastfeeding can be a factor to obesity after pregnancy. Adequate breastfeeding help mobilize fat stored during pregnancy and sol helps loose the accumulated weight.
12	Breastfeeding (adequate)	Noncommunicable diseases	Driver	Breastfeeding is protective against some NCDs in the mother (for example certain cancers)
13	Childhood overweight	Obesity and diabetes	Driver	Increases risks of obesity later in life
14	Childhood overweight	Obesity and diabetes / Excessive salt intake	Solution	Actions to manage and prevent childhood overweight also prevent future obesity, diabetes and excessive salt intake
15	Childhood overweight	Higher blood pressure and other NCDs	Driver	Greater adiposity in children and adolescents is related to higher blood pressure in children as well as in adults
16	Childhood overweight	Higher blood pressure and other NCDs	Solution	Actions to manage and prevent childhood overweight also prevent future high blood pressure and other NCDs
17	Childhood overweight	Mortality from NCDs	Driver	Child overweight increases the risk of adult mortality from NCDs (for example certain cancers)
18	Low birth weight	Increased blood pressure	Driver	Possibly due to less developed kidneys
19	Low birth weight	Wasting / stunting	Driver	Low birth weight infants have higher risk wasting and stunting
20	Moderate anaemia	Breastfeeding / potentially overweight	Driver	Less of an impact on other domains - decrease of physical activity (poor interaction with the child so could mean less breastfeeding or less quality of the breastfeeding so may stretch to overweight)
21	Obesity and diabetes	Increased blood pressure and other NCDs	Driver	Higher body fat needs more oxygen and nutrients, which requires the blood vessels to circulate more blood to the fat tissue, increasing the workload of the heart to pump more blood, which means more pressure on the artery walls. Higher pressure on the artery walls increases the blood pressure. Excessive weight can raise the heart rate and reduce the body's ability to transport blood through the vessels.

Ref #	Target (starting point)	Target (ending point)	Nature of dependency or commonality	Comments
22	Obesity and diabetes	Mortality from NCDs	Driver	Higher risk of mortality from NCDs when suffering from obesity
23	Obesity and diabetes	Inadequate breastfeeding	Driver	Obese and diabetic mothers may need additional support in order to optimally breastfeed their children
24	Raised blood pressure	Premature mortality from NCDs	Prevalence	Similar population and all countries - it can be a cause of premature mortality from NCDs
25	Reducing Increase of salt	Increase high blood pressure	Prevalence	
26	Reducing low birth weight	Obesity and diabetes	Driver	Reduce the risk of developing obesity and diabetes at a later stage in life
27	Reducing salt intake	Reducing prevalence of high blood pressure and reducing prevalence of NCDs	Driver	
28	Stunting / wasting / low birth weight		Prevalence	Will happen in same population
29	Wasting	Stunting	Driver	Chronic wasting leads to stunting
30	Wasting	Childhood overweight / obesity	Driver	Wasting early in life may increase the risk of overweight in childhood and later in life
31	Wasting	Infectious diseases	Driver	Wasting increases the risk of infections (which in turn leads to a more wasting in a negative cycle that needs to be addressed concurrently)



# ANNEX 4 STRENGTHENING CAPACITY IN WHO FOR NUTRITION ACTION

## COMMUNICATIONS AND ADVOCACY

Product	Process	People	Technology and data
<ul style="list-style-type: none"> <li>Develop at headquarters level a global nutrition advocacy strategy targeting policymakers, donors, and internal audiences; this strategy needs to be adapted and implemented by the nutrition and communications focal points in regional and country offices</li> <li>Develop an annual communications calendar in collaboration with WHO communications department, identifying the 5-7 most important products/moments for proactive communication</li> </ul>	<ul style="list-style-type: none"> <li>Develop a systematic approach to communications and toolkits within the WHO programme area networks 2.5 and 2.1 (newsletters, webinars)</li> <li>Develop a message bank highlighting key messages and supporting points as outlined in priority 1 of WHO's <i>Ambition and Action in Nutrition 2016–2025</i></li> <li>Develop case studies supporting each specific nutrition message</li> <li>Develop an advocacy toolkit including stakeholder analysis, channels, messages, monitoring processes and risk analysis</li> </ul>	<ul style="list-style-type: none"> <li>Encourage nutrition focal points in WHO regional and country offices to request training on effective communications (oral, written, social media)</li> </ul>	<ul style="list-style-type: none"> <li>Train nutrition focal points in using available technology such as the Knowledge Gateway platforms, WebEx</li> <li>Work with partners to develop virtual communications and advocacy courses and toolkits (i.e. for the Baby-Friendly Hospital Initiative and the International Code of Marketing of Breast-milk Substitutes)</li> </ul>

## NETWORKING AND KNOWLEDGE MANAGEMENT

Product	Process	People	Technology and data
<ul style="list-style-type: none"> <li>Develop a nutrition knowledge management approach that will identify: roles and responsibilities within the three levels of the Organization, strategic knowledge, principles for maintenance of the knowledge management tools</li> <li>Develop an on-line WHO nutrition information training package</li> <li>Map strategic stakeholders at the three levels of the Organization and identify opportunities for networking (topics of interest, events and activities)</li> </ul>	<ul style="list-style-type: none"> <li>In line with WHO's <i>Ambition and Action in Nutrition 2016–2025</i>, identify priority knowledge domains and communities of practice at the three levels of the Organization</li> <li>Identify gaps with current state, develop information opportunities (webinars, face-to-face meetings) and establish communities responding to identified gaps</li> </ul>	<ul style="list-style-type: none"> <li>Identify nutrition community managers responsible to facilitate interunit and interdepartmental communication and brainstorming</li> <li>Promote a knowledge sharing culture horizontally and vertically through the Organization</li> </ul>	<ul style="list-style-type: none"> <li>Systematically incorporate existing platforms into communications processes at the three levels of the Organization</li> <li>Ensure that all nutrition-relevant documents are accessible to all WHO staff through SharePoint</li> </ul>

## RESOURCE MOBILIZATION

Product	Process	People	Technology and data
<ul style="list-style-type: none"> <li>Develop a nutrition resource mobilization strategy and action plan in line with FENSA to maximize predictable, broad-based, strategically aligned and flexible funding over the 2016-2025 period, in coordination with the WHO Coordinated Resource Mobilization Unit and the Global Resource Mobilization Coordination Team</li> <li>Develop a nutrition resource mobilization toolkit to support resource mobilization efforts at regional and country levels</li> </ul>	<ul style="list-style-type: none"> <li>Involve the three levels of the Organization in the development of the resource mobilization strategy (traditional resource mobilization pillars include: needs assessment, partner identification, partner engagement and negotiation)</li> <li>Work with Member States, partners and other WHO departments to identify relevant innovative financing mechanisms to fund nutrition activities</li> <li>Coordinate resource mobilization efforts with priority partners around a shared understanding of nutrition priorities and identify areas for joint resource mobilization strategies</li> <li>Support the resource mobilization strategy with clear communication messages and supporting materials</li> </ul>	<ul style="list-style-type: none"> <li>Based on the capacity survey, identify gaps in resource mobilization skills and develop a network of resource mobilization focal points</li> </ul>	<ul style="list-style-type: none"> <li>Leverage the existing WHO reporting and monitoring mechanisms to report on resource mobilization levels and impacts and identify lessons learned</li> <li>Support resource mobilization messages with evidence-based and contextual data</li> </ul>

## BREADTH AND DEPTH OF SKILLS

Product	Process	People	Technology and data
<ul style="list-style-type: none"> <li>Develop a consolidated nutrition competency framework in coordination with WHO Human Resources department and in line with the WHO staff development framework</li> <li>Update the Handbook for the induction of Heads of WHO Offices in countries, territories and areas and roster applicant questions</li> </ul>	<ul style="list-style-type: none"> <li>Involve the three levels of the Organization in the development of a training programme for WHO nutrition specialists</li> <li>Regularly assess nutrition skills of staff as part the WHO's performance review cycle</li> </ul>	<ul style="list-style-type: none"> <li>Assess skills gaps of nutrition staff and identify priority training needs and/or recruitment needs</li> <li>Identify staff with specific skills who can act as mentors for others</li> </ul>	<ul style="list-style-type: none"> <li>Develop a WHO nutrition training platform and leverage WHO's training platforms to facilitate trainings in regions and in countries</li> </ul>

## MANAGEMENT SUPPORT

Product	Process	People	Technology and data
<ul style="list-style-type: none"> <li>· Develop a WHO internal stakeholder engagement action plan</li> <li>· Define internal stakeholder engagement responsibilities at the three levels of the Organization</li> </ul>	<ul style="list-style-type: none"> <li>· Assess key internal stakeholders, their role in supporting WHO's <i>Ambition and Action in Nutrition 2016–2025</i> and their specific expectations</li> <li>· Develop clear messaging for each stakeholder category</li> <li>· Highlight the nutrition contribution to the overall WHO strategy, the SDGs and the UN Decade of Action on Nutrition</li> <li>· Provide stakeholders with briefing packs on WHO's <i>Ambition and Action in Nutrition 2016–2025</i> and its implementation</li> </ul>	<ul style="list-style-type: none"> <li>· Ensure that nutrition staff have the relevant communications materials and skills.</li> <li>· Identify WHO's <i>Ambition and Action in Nutrition 2016–2025</i> champions among WHO regional and country leadership</li> </ul>	<ul style="list-style-type: none"> <li>· Use intranet stories to present WHO's <i>Ambition and Action in Nutrition 2016–2025</i> to all WHO staff members</li> </ul>

## ORGANIZATIONAL COHERENCE

Product	Process	People	Technology and data
<ul style="list-style-type: none"> <li>· Define a governance model and supporting mechanisms between NHD/NCD and other technical clusters</li> <li>· Validate and align the three levels of the Organization around the nutrition action model and communicate to other departments and clusters</li> </ul>	<ul style="list-style-type: none"> <li>· Identify and validate biennium objectives and priorities with other NCD departments and other technical clusters</li> </ul>	<ul style="list-style-type: none"> <li>· Define clear roles and responsibilities to support the governance model (Programme Action Network 2.1 vs 2.5; NHD/ NCD and other clusters)</li> <li>· Identify a "nutrition focal person" within other departments and technical clusters at regional level</li> </ul>	<ul style="list-style-type: none"> <li>· Post new organizational structure and governance mechanisms on WHO intranet</li> </ul>

# ANNEX 5 SUMMARY OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES FOR WHO'S WORK IN NUTRITION

		STRENGTHS	WEAKNESSES
INTERNAL		<ul style="list-style-type: none"> <li>· Breadth and depth of expertise: 108 Nutrition practitioners identified across the Organization (excluding 22 NHD resources). These practitioners demonstrate a wide array of soft and technical skills.</li> <li>· Solid track record of achievements and commitments to nutrition at global and local levels: existence of global action plans and guidelines, technical assistance, capacity building and surveillance.</li> <li>· Collective leadership success of WHO to put nutrition forward as a common health goal through the SDGs and the Decade of Action on Nutrition.</li> </ul>	<ul style="list-style-type: none"> <li>· Dual nature of WHO's work in nutrition (specific programme area and contributor to other programmes) that may result in the dilution of resources and priorities. A specific programme area in itself, nutrition is also a contributor to the work of other programme areas which may lead to an overstretching of existing nutrition resources, making it even more difficult for nutrition to be positioned as a strategic priority for the Organization.</li> <li>· Numerous resolutions and plans accumulated over the years which now call for an increased level of focus.</li> <li>· Globally, 108 staff members have been identified as active on nutrition, but they spend on average 34% of their time on this topic. This challenge is further compounded by the fact that 56% of these nutrition practitioners identified at regional and country levels spend less than 25% of their time on nutrition.</li> <li>· The three levels of the Organization have inefficient collaboration mechanisms and lack clarity on the respective activities and responsibilities of headquarters, regional and country levels.</li> </ul>
		OPPORTUNITIES	CHALLENGES
EXTERNAL		<ul style="list-style-type: none"> <li>· Global advocacy on nutrition targets done by multiple partners to increase levels of external funding and domestic financing of nutrition actions (US\$ 2.6 billion of additional aid by donors would be needed, as estimated by the World Bank).</li> <li>· Clear mandate and responsibility given to WHO to co-lead with FAO the UN Decade of Action on Nutrition.</li> <li>· Multiple partners coming forward to complement WHO's work on nutrition leveraging on the breadth and depth of their expertise.</li> </ul>	<ul style="list-style-type: none"> <li>· Despite enormous progress in reducing hunger, the MDGs relating to nutrition were not fully achieved. Much remains to be done.</li> <li>· The nutrition landscape is complex and the specificities of WHO's approach to nutrition are not fully appreciated.</li> <li>· Complexity of the multisectoral nutrition landscape with other actors positioning themselves strongly on nutrition with the risk that agendas do not align; high burden on Member States and health systems are not adequately taken into account by all actors.</li> <li>· Inadequate funding for nutrition and constraints on Member States' domestic budgets.</li> </ul>

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In the context of a renewed global momentum for improving nutrition and a resultant increased complexity of the nutrition landscape, the Department of Nutrition for Health and Development has produced a fit-for-purpose and coherent nutrition strategy, WHO's *Ambition and Action in Nutrition 2016–2025*. This strategy is anchored in the six global targets for improving maternal, infant and young child nutrition and the global diet-related NCD targets. It was developed in consultation with more than 100 WHO staff and multiple partners.

In support of the 2030 Agenda for Sustainable Development, particularly SDG2 and SDG3, and in concert with the 2016-2025 UN Decade of Action on Nutrition, WHO's *Ambition and Action in Nutrition 2016–2025* aims for "A world free from all forms of malnutrition where all people achieve health and well-being". It defines the unique value of WHO for advancing nutrition: the provision of leadership, guidance and monitoring. Finally, following a set of guiding principles, it proposes priority actions for WHO and a clear allocation of roles across the Organization.



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