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Global health and foreign policy

Improving international coordination and cooperation to address health needs and the challenges for the achievement of a healthier world through better nutrition

Note by the Secretary-General

The Secretary-General transmits herewith the report of the Director General of the World Health Organization on improving international coordination and cooperation to address the health needs and the challenges for the achievement of a healthier world through better nutrition, submitted pursuant to General Assembly resolution [73/132](#).



**Report of the Director General of the World Health Organization
on improving international coordination and cooperation to
address health needs and the challenges for the achievement of a
healthier world through better nutrition**

Summary

The General Assembly, in its resolution [73/132](#), entitled “Global health and foreign policy: a healthier world through better nutrition”, requested the Secretary-General to submit to the Assembly in its seventy-fourth session a report on improving international coordination and cooperation to address health needs and the challenges for the achievement of a healthier world through better nutrition.

The present report illustrates the progress towards better international collaboration on nutrition and identifies gaps and bottlenecks in addressing malnutrition in all its forms, such as those relating to the promotion, protection and support of breastfeeding, the mainstreaming of nutrition in health systems, the transformation of food systems to deliver healthy and sustainable diets and the need for nutrition professionals delivering quality care, inter alia. The report also highlights the need for increased multisectoral investments for ensuring access to healthy diets for all. While achievements are highlighted, collaboration at all levels and across sectors is needed in the six action areas of the United Nations Decade of Action on Nutrition (2016–2025).

The Secretary-General provides suggestions for the way forward to enhance coordination and cooperation to accelerate progress towards achieving the Sustainable Development Goals – in particular Goals 2 and 3 – and notes the significant role that the Foreign Policy and Global Health Initiative continues to play in promoting synergies between foreign policy and global health and nutrition.

I. Background

1. The member countries of the Foreign Policy and Global Health Initiative¹ proposed resolution 73/132, entitled “Global health and foreign policy: a healthier world through better nutrition”. The resolution was submitted to the General Assembly by Brazil with the support of the foreign ministries of France, Indonesia, Norway, Senegal, South Africa and Thailand. Since 2008, the Initiative has regularly submitted items to the agenda of the General Assembly. The aim of the Initiative is to explore the intersections between health and foreign policy. As chair of the Initiative for 2018, the Government of Brazil centred the group’s discussions and resolution on nutrition.

2. The General Assembly, in its resolution 73/132, called upon all Member States to address hunger and malnutrition in all its forms as an issue that affects all nations and to scale up activities under the work programme of the United Nations Decade of Action on Nutrition (2016–2025). The Assembly, in its resolution 70/259, proclaimed the United Nations Decade of Action on Nutrition (2016–2025),² calling upon the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO) to lead the implementation of the Decade. Also in resolution 70/259 the General Assembly endorsed the Rome Declaration on Nutrition and its Framework for Action, recognizing the importance of eradicating hunger and preventing malnutrition in all its forms globally.

3. In resolution 73/132, the General Assembly reaffirmed resolution 73/2, the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and called upon Member States to promote healthy diets and lifestyles, including physical activity, through actions and policies, as appropriate, and to implement all nutrition and diet-related commitments, including those made by Heads of State and Government at the high-level meetings of the General Assembly, as well as at the World Health Assembly. Also in resolution 73/132, the General Assembly reiterated the need to accelerate the response to prevent and control non-communicable diseases, recognizing that the response of Member States to date has been insufficient to meet target 3.4 of the Sustainable Development Goals. It also reaffirmed the primary responsibility of Governments at all levels to both coordinate and lead efforts to address non-communicable diseases and acknowledged the importance of creating enabling environments to empower individuals to access healthy diets.

4. The General Assembly, through resolution 73/132, looked forward to the upcoming 2020 Nutrition for Growth Summit, hosted by the Government of Japan in Tokyo, which will provide Member States and other actors with the opportunity to make ambitious commitments to accelerate progress on improving nutrition globally.

II. Introduction

5. Nutrition, as both a maker and marker of health and well-being, plays a strong foundational role in sustainable development and the attainment of the highest standard of health.

6. Globally, one in three people is affected by at least one form of malnutrition.³ In 2017, unhealthy diet was the top risk factor for both communicable and non-communicable diseases.⁴ Since 2015, the prevalence of undernourishment – a

¹ See www.who.int/trade/events/Oslo_Ministerial_Declaration.pdf?ua=1.

² See www.un.org/nutrition/.

³ See <https://apps.who.int/iris/bitstream/handle/10665/255413/WHO-NMH-NHD-17.3-eng.pdf?ua=1>.

⁴ See [www.thelancet.com/article/S0140-6736\(19\)30041-8/fulltext](http://www.thelancet.com/article/S0140-6736(19)30041-8/fulltext).

measure of world hunger – has remained just below 11 per cent, with 820 million hungry in 2018.⁵ More than 2 billion people lack consistent access to nutritious, safe and sufficient quantities of food.⁶ Progress has been dismal in reducing low birthweight, with 20.5 million babies of low birthweight in 2015.⁷ While significant progress has been made to reduce stunting, 149 million children are still stunted today.⁸ Levels of wasting of children under five years of age and anaemia among women of reproductive age are unacceptably high – with 7.3 per cent or 49 million children wasted in 2018⁹ and 32.8 per cent or 613.2 million women of reproductive age anaemic in 2016.¹⁰ Childhood overweight and obesity is rising almost everywhere,¹¹ with 40 million children under 5 overweight in 2018.¹² Moreover, only about 41 per cent of infants under 6 months of age are exclusively breastfed.¹³ Lastly, economic downturns and slowdowns undercut progress in ending malnutrition in all its forms, especially in vulnerable settings where economic shocks prolong food insecurity crises.¹⁴

7. In article 25 of the Universal Declaration of Human Rights the foundational aspect of food and nutrition for health and development is recognized by enshrining the right to health and adequate food for everyone, everywhere. The Committee on Economic, Social and Cultural Rights, in its general comment No. 12 (1999) on the right to adequate food states that “the right to adequate food is realized when every man, woman and child, alone or in community with others, have physical and economic access at all times to adequate food or means for its procurement. The right to adequate food shall therefore not be interpreted in a narrow or restrictive sense which equates it with a minimum package of calories, proteins and other specific nutrients ... The Committee considers that the core content of the right to adequate food implies: the availability of food in a quantity and quality sufficient to satisfy the dietary needs of individuals, free from adverse substances, and acceptable within a given culture.”¹⁵

8. In resolution 73/132, the General Assembly requested the Secretary-General, in collaboration with the Director-General of the World Health Organization, to report to the seventy-fourth session of the General Assembly on improving international coordination and cooperation to address health needs and the challenges for the achievement of a healthier world through better nutrition.

9. The present report discusses key developments in international collaboration and coordination aimed at achieving a healthier world through better nutrition. It provides a mixed picture of progress by identifying challenges hampering the scale-up of action to end malnutrition in all its forms. These need increased attention by Governments and non-State actors. It is only through collective action and international collaboration and coordination to address these issues that we will be able to accelerate our progress towards combating malnutrition in all its forms.

⁵ See www.fao.org/3/ca5162en/ca5162en.pdf.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ www.who.int/nutgrowthdb/jme-2019-key-findings.pdf.

¹⁰ See www.fao.org/3/ca5162en/ca5162en.pdf.

¹¹ See www.who.int/nutgrowthdb/estimates2018/en/.

¹² See www.fao.org/3/ca5162en/ca5162en.pdf.

¹³ See www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018.pdf?ua=1.

¹⁴ See www.fao.org/3/ca5162en/ca5162en.pdf.

¹⁵ See <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G99/420/12/PDF/G9942012.pdf?OpenElement>.

III. International coordination and collaboration to achieve a better world through better nutrition

A. Global commitments to improve nutrition

10. Member States are regularly called upon to make commitments, develop action plans and strategies, including for nutrition, as in resolution [73/132](#). The growing list of global commitments is an encouraging sign that nutrition is rightly receiving more attention in the global community.

11. Over the past decade, global commitments for nutrition have been numerous and far-reaching. In 2012, the 194 member States of the World Health Assembly endorsed the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition through resolution WHA65.6.¹⁶ The following year, the World Health Assembly, through resolution WHA66.10,¹⁷ endorsed the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, which has nine voluntary targets, including three diet-related non-communicable disease targets. In 2014, the Second International Conference on Nutrition was co-organized by FAO and WHO. The participating 164 member States, including the European Union, adopted the Rome Declaration and its accompanying Framework for Action.¹⁸ In 2015, all the world's leaders adopted 17 Sustainable Development Goals (General Assembly resolution [70/1](#)) at the General Assembly, a shared blueprint for peace and prosperity for people and the planet. Through the Goals, the world committed to, “by 2030, end hunger, achieve food security and improved nutrition and promote sustainable agriculture” and, in particular, through targets 2.1 and 2.2 to end malnutrition in all its forms and ensure that all people have access to safe, nutritious and sufficient food at all times. Furthermore, the General Assembly in its resolution [70/259](#) proclaimed 2016 to 2025 the United Nations Decade of Action on Nutrition, providing all stakeholders with a unique time-bound opportunity to strengthen joint efforts to implement the Conference commitments and recommendations, alongside the nutrition-related Goals. Lastly, recognizing the increasing prevalence of overweight, obesity and diet-related non-communicable diseases globally, in 2018, Heads of State and Government committed to 13 new steps to tackle non-communicable diseases and agreed to take responsibility themselves for their countries' efforts to prevent and treat non-communicable diseases (see Assembly resolution [73/2](#)).

12. Commitments to improve nutrition by Governments and other actors are the stepping stone on which we will improve nutrition around the world. However, commitments alone are not enough to catalyse change and accelerate progress. It is important that nutrition commitments are thoroughly translated into impact and fully integrated into country contexts so that the world's collective ambitions to end malnutrition in all its forms can be achieved through change at all levels.

B. International collaborations for nutrition action

13. According to *The Lancet*, in 2008, the international nutrition system was fragmented and dysfunctional.¹⁹ Since then, remarkable alignment among stakeholders has occurred regarding “the what, the how, the where, for whom and by whom” that is necessary to ensure all have access to a healthy diet, everywhere, at all times. However, while nutrition is moving up on the list of global priorities, the global

¹⁶ See http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R6-en.pdf.

¹⁷ See http://apps.who.int/gb/ebwha/pdf_files/WHA66-REC1/A66_REC1-en.pdf#page=25.

¹⁸ Available at www.fao.org/3/a-i4436e.pdf, appendix 4.

¹⁹ See [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61695-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61695-X/fulltext).

nutrition architecture is getting more complex and crowded, calling for an even greater need for coordination.

14. Leading by example, the Committee on World Food Security,²⁰ the most inclusive international and intergovernmental platform for all stakeholders to work together in a coordinated way to ensure food security and nutrition for all, decided, in 2017 to embark on a multi-stakeholder policy convergence process which will lead to the development of voluntary guidelines on food systems and nutrition, to be presented to the Committee for endorsement in October 2020.

15. The Scaling Up Nutrition movement, established in 2010, has inspired a new way of working collaboratively to end malnutrition in all its forms among countries, civil society organizations, United Nations agencies and businesses. The Movement now numbers 61 member countries and 4 Indian states. Member countries commit to aligning nutrition efforts nationally, ensuring that government sectoral programmes are sensitive to nutrition and increasing coverage of nutrition interventions. At the same time, United Nations agencies working in member countries and beyond commit to aligning their efforts and providing coherent and coordinated support to national Governments.

16. At the global level, the United Nations System Standing Committee on Nutrition,²¹ established by the Economic and Social Council in 1977, continues to play a coordinating role: (a) to keep under review the overall direction, scale, coherence and impact of the United Nations system response to the nutritional problems of the world; (b) to be a point of convergence in harmonizing the policies and activities in the United Nations system; (c) to provide initiative in the development and harmonization of concepts, policies and strategies and programmes in the United Nations system in response to the nutritional needs of countries; and (d) to appraise experience and progress towards the achievement of objectives, and lay down guidelines for mutually supporting action at the inter-agency and country levels. The membership of the Standing Committee continues to increase, with agencies who have a mandate beyond nutrition (it stands currently at 14 official members, one associate member and two observers) (E/2019/57, para. 5).

17. The reform of the United Nations development system is particularly relevant and needed to ensure the achievement of food system and nutrition-related goals and targets. Several United Nations agencies, bodies and programmes have a mandate on nutrition, while other United Nations agencies have a significant role to play in support of reaching Sustainable Development Goal 2. A new generation of United Nations country teams, with a needs-based tailored country presence, and facilitated by the resident coordinator, will enhance the coordination, transparency, efficiency and impact of United Nations development activities, in accordance with national development policies,²² plans, priorities and needs. Such work demonstrates the kind of multisectoral collaboration that is necessary for effective nutrition action.

18. In paragraph 14 of resolution 73/132, the General Assembly invited Member States to convene, on a voluntary basis, new action networks on nutrition and strengthen existing ones, within the framework of the United Nations Decade of Action on Nutrition (2016–2025). International coordination and collaboration led by the Member States themselves is essential to accelerate progress. Action networks serve as platforms on which countries dialogue to exchange best practices and innovative ideas for policy action and discuss successes, challenges and opportunities

²⁰ See www.fao.org/cfs/home/about/en/.

²¹ See www.unscn.org/en/about/what-we-do?idnews=1960.

²² Repositioning of the United Nations development system in the context of the quadrennial comprehensive policy review of operational activities for development of the United Nations system (General Assembly resolution 72/279).

in addressing malnutrition in all its forms. The country-led process of developing, leading and participating in action networks empowers countries as agents of change in this collective journey to improve nutrition.

19. Since the outset of the Decade of Action on Nutrition (2016–2025), Member States have convened three major global action networks:

(a) Global Action Network on Nutrition Labelling, convened by France, Australia and Chile;

(b) Global Action Network on Sustainable Food from the Ocean for Food Security and Nutrition, convened by Norway;

(c) Global Action Network on Traditional Healthy Diets, convened by Italy.

20. Additionally, Member States have convened several regional networks in Europe, the Americas and the Western Pacific:

(a) In the European region, Portugal is convening the Network on Marketing Foods to Children, and Switzerland is convening the Network on the Reduction of Sodium;

(b) In the Americas region, Chile is convening the Network on Healthy Food Environments, and Brazil is convening the following networks: the Network on Food Guidelines for the Americas, the Network on Strategies for Reducing Salt Consumption for the Prevention and Control of Cardiovascular Disease in the Americas, the Network on Food and Nutrition Security Governance; the Network on Public Purchasing of Family-produced Food, and the Network on Sustainable School Feeding;

(c) In the Western Pacific region, Fiji is convening the Network for Ending Childhood Obesity in the Pacific.

IV. Policy progress and existing challenges for improving nutrition for all, everywhere

21. The policy progress called for in resolution [73/132](#) will be described according to the six action areas of the Decade of Action on Nutrition (2016–2025), together with challenges and opportunities for action. The six action areas are based on the Framework for Action of the Second International Conference on Nutrition and provide a useful framework on which to evaluate progress and gaps in addressing malnutrition in all its forms.

A. Sustainable, resilient food systems for healthy diets

22. The General Assembly, in paragraph 3 of resolution [73/132](#), urged Member States to “promote ... sustainable, resilient and diverse nutrition-sensitive food systems as central elements for healthier populations and as a fundamental tool to achieve the Sustainable Development Goals and targets, aiming at a world free from malnutrition in all its forms, where all people throughout their life course and at all times have access to adequate food and enjoy diversified, balanced and healthy diets for an active and healthy life.” The General Assembly aptly recognizes food systems as part of the foundation for addressing malnutrition in all its forms. Attention to and change within food systems accelerates progress towards improving nutrition globally.

23. According to the high-level panel of experts of the Committee on World Food Security, “a food system gathers all the elements (environment, people, inputs, processes, infrastructures, institutions, etc.) and activities that relate to the production, processing, distribution, preparation and consumption of food, and the

output of these activities, including socioeconomic and environmental outcomes.”²³ Tasked with providing nutritious, safe and affordable foods to people everywhere, food systems are a key component of improving nutrition globally.

24. Worldwide, many countries have undertaken work to cultivate better food systems by improving the food environment, “including approaches aimed to: improve access to nutritious and healthy foods in food deserts; provide healthy options in public establishments; and promote healthier diets through regulations and standards, taxes, subsidies, trade policies, labelling and advertising.”²⁴

25. Food systems are particularly important to address overweight, obesity and diet-related non-communicable diseases: they have to deliver healthy diets for all people everywhere, at all times. In paragraph 16 of resolution 73/2, the General Assembly recognized the importance of fostering an enabling environment to combat non-communicable diseases. To cultivate such an enabling environment, focused attention on the role of food systems for healthy nutrition is essential.

26. The synergy between environmental sustainability and promotion of health has been analysed. Currently, food production uses two thirds of water, produces a quarter of global greenhouse gases and occupies more than one third of available land.²⁵ With the existential threat of climate change increasingly reducing available resources around the world, it is important that countries develop and strengthen their food-based dietary guidelines and invest in cultivating more efficient food systems that can ensure the food security of all. Empowering individuals to make healthy food choices is critical for improving nutrition globally; however, the role of the food system in promoting healthy diets is also a fundamental part of the equation.

27. It is important for Member States to continue to explore the ways in which they can incentivize the evidence-based refinement of their own local diets and national food-based dietary guidelines that promote nutritious, affordable, safe and healthy diets within the bounds of planetary resource availability.

B. Aligned health systems providing universal coverage of essential nutrition actions

28. The health sector represents an important platform through which to address malnutrition in all its forms, including in emergency and humanitarian settings.

29. However, there has been significant underinvestment in both ensuring adequate coverage of high-impact nutrition interventions and improving their quality. For example, vitamin A supplementation, which is a simple and affordable nutrition intervention, saves lives by protecting against the consequences of vitamin A deficiency, boosting children’s immunity and providing protection against infectious diseases. However, a 2018 United Nations Children’s Fund (UNICEF) report²⁶ shows that global coverage of vitamin A supplementation programmes has been decreasing in the last six years, from a 78 per cent coverage of children aged 6 to 59 months in 2009 to 64 per cent in 2016 in priority countries, with West and Central Africa having the lowest coverage of 56 per cent, leaving vulnerable young lives at risk. There is an

²³ See www.fao.org/fileadmin/user_upload/hlpe/hlpe_documents/HLPE_Reports/HLPE-Report-12_EN.pdf.

²⁴ See www.fao.org/fileadmin/user_upload/hlpe/hlpe_documents/HLPE_S_and_R/HLPE_2017_Nutrition-and-food-systems_S_R-EN.pdf.

²⁵ Available at www.ipcc.ch/site/assets/uploads/2019/08/Edited-SPM_Approved_Microsite_FINAL.pdf.

²⁶ Available at <https://data.unicef.org/resources/vitamin-a-coverage/>.

urgent need to address the nutrition intervention coverage gap globally through the scaling up of effective nutrition interventions through the health system.

Mainstreaming nutrition in universal health coverage

30. Member States, in paragraph 25 of resolution [73/132](#), stated that the General Assembly looked forward to the high-level meeting of the General Assembly on universal health coverage, to be held in New York in September 2019, under the theme “Universal health coverage: moving together to build a healthier world.” The first high-level meeting on universal health coverage was held on 23 September 2019 at the seventy-fourth United Nations General Assembly.

31. Mainstreaming a package of nutrition interventions in the health system is essential to achieve the objectives of universal health coverage.²⁷ Universal health coverage is principled on the idea that everyone has access to health services when they need them and in such a way that does not push them into financial ruin. With its objectives of equity, quality and financial risk protection, universal health coverage cannot be achieved without the integration of nutrition action into the health system: poor diets were the top risk factor for the global burden of disease and death in 2017. Every year, almost 11 million deaths are caused by the consumption of unhealthy diets.²⁸ Investing in nutrition is smart and provides an average return on investment of \$16 for every \$1 invested.²⁹ However, the full integration of nutrition actions through the health system has been weak globally and needs to be scaled up.³⁰

32. In September 2019, WHO published an updated version of the set of essential nutrition actions, which provide a package of recommended nutrition interventions that can be implemented through the health system to address context-specific nutritional needs of the population and include actions that address malnutrition in all its forms across the life course. In resolution [73/132](#), the General Assembly affirmed that it is the primary responsibility of Member States to determine and promote their own path towards achieving universal health coverage. The WHO essential nutrition actions package is a valuable evidence-based intervention package that can be used by Governments following their own prioritization exercises as they work to mainstream nutrition through their health systems to improve the health of their nations.

Nutrition in emergencies

33. In resolution [73/132](#), the General Assembly recognized the particular needs of people living in areas affected by complex humanitarian emergencies and expressing concern that the most vulnerable in areas affected by armed conflicts as well as natural disasters often have no or limited access to health services and to adequate nutritious foods to prevent hunger and promote health.

34. Safeguarding good nutrition and food security in humanitarian settings poses formidable challenges. The Security Council, in its landmark resolution [2417 \(2018\)](#), recognized that the majority of food insecure people and 75 per cent of all stunted children under the age of five living in countries affected by armed conflict, amounting to 74 million people facing crisis food insecurity or worse in situations of

²⁷ See recommendation 26 of the Framework for Action of the Second International Conference on Nutrition, available at www.fao.org/3/a-mm215e.pdf.

²⁸ See [www.thelancet.com/article/S0140-6736\(19\)30041-8/fulltext](http://www.thelancet.com/article/S0140-6736(19)30041-8/fulltext).

²⁹ International Food Policy Research Institute, *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition* (Washington, D.C., 2014). Available at <https://globalnutritionreport.org/reports/2014-global-nutrition-report/>.

³⁰ See *Global Nutrition Policy review 2016–2017: Country Progress in Creating Enabling Policy Environments for Promoting Healthy Diets and Nutrition*. Available at <https://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1>.

armed conflict. It emphasized that the use of starvation as a weapon of war against civilians must be strongly condemned.

35. Poor nutrition outcomes and food insecurity in conflict and post-conflict situations prevents progress in the implementation of the Sustainable Development Goals, as mentioned by the General Assembly in paragraph 5 of resolution 73/253. At the end of 2018, there were over 70 million people forcibly displaced worldwide.³¹ It is imperative that populations in humanitarian settings are not left behind, that breastfeeding is protected, that quality health care (including mental health) is available and that access to healthy and sufficient diets is not compromised.

36. The Principals of six United Nations agencies, programmes and funds have committed to accelerate action to end the scourge of malnutrition in children and launch a United Nations global plan of action on wasting by the end of 2019.³²

C. Social protection and nutrition education

37. Nutrition education and social protection are important areas for improving nutrition globally. Nutrition education helps empower and equip people with the information and skills necessary to adopt healthy eating habits. The evidence suggests that nutrition education plays a critical role in improving diets and nutrition and preventing non-communicable diseases,³³ especially when coupled with food systems change. Moreover, by addressing the root causes of malnutrition, social protection programmes, such as school health programmes, have the potential to deliver double-duty actions, which effectively address not just undernutrition but also overweight and obesity.³⁴ It is therefore important that social protection programmes and instruments contain nutrition-sensitive approaches.³⁵

38. Action may be taken to increase the number and quality of nutrition professionals; better leverage schools as a platform for nutrition education; and ensure clear nutrition labelling on food products to inform consumers.³⁶

Global nutrition capacities

39. In paragraph 11 of resolution 73/132, the General Assembly urged Member States to develop human resources in nutrition, as it is a key component for reducing undernutrition, overweight and obesity. “Unless increased priority and funding is given to building capacity for scaling up nutrition programmes in low- and middle-income countries, maternal and child undernutrition rates are likely to remain high and nutrition-related non-communicable diseases to escalate.”³⁷

40. Building strong capacity for nutrition at all levels is a requisite for improving nutrition and health outcomes. The World Health Assembly recognized in its resolution 72/3 that health workers are foundational to the development of strong and resilient health systems that “contribute to the achievement of the Sustainable Development Goals and targets related to nutrition, education, health, gender, employment and the reduction of inequalities.”³⁸ Indeed, without a health workforce

³¹ See www.unhcr.org/5d08d7ee7.pdf.

³² See <https://reliefweb.int/sites/reliefweb.int/files/resources/Joint%20statement%20-%20UN%20principals%20on%20malnutrition%2014July19%20Final.pdf>.

³³ See www.fao.org/3/ca1505en/CA1505EN.pdf.

³⁴ See <https://apps.who.int/iris/bitstream/handle/10665/255414/WHO-NMH-NHD-17.2-eng.pdf?ua=1>.

³⁵ See www.fao.org/3/a-i5021e.pdf.

³⁶ Framework for Action of the Second International Conference on Nutrition. Available at www.fao.org/3/a-i4436e.pdf.

³⁷ See <https://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1>.

³⁸ See http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R3-en.pdf.

that is motivated, trained, empowered and properly equipped to deliver nutrition interventions at the frontlines, the global nutrition targets and the health-related targets of the Sustainable Development Goals will not be reached.

41. According to the second *Global Nutrition Policy Review*,³⁹ the density of nutrition professionals is low everywhere. Among 126 countries that provided information, the global median density of nutrition professionals was 2.3 professionals per 100,000 population in 2017.⁴⁰ The average density of nutrition professionals was lowest in the WHO African region, whereas the WHO Western Pacific region had the greatest average density. No benchmark exists for nutrition professionals, but for health workers, the critical benchmark is 23 physicians, nurses and midwives per 10,000 population. By comparison, only 23 of 126 countries (18 per cent) had a trained nutrition professional density of 1 per 10,000 population.⁴¹ The availability of nutritionists, dietitians and other nutrition professionals is far too low given that unhealthy diet and poor nutrition is the top risk factor for both communicable and non-communicable disease.

School health and nutrition programmes

42. In paragraphs 6 and 9 of resolution 73/132, the General Assembly reiterated the importance of integrating nutrition components and objectives in school programmes.

43. Outside of the health sector, schools provide an important platform for improving nutritional and health outcomes among children and adolescents.⁴² If an integrated approach is followed, schools offer an excellent opportunity to have an impact on the broader socioeconomic environment, contributing to other Sustainable Development Goals.

44. In schools, health and nutrition programmes most often manifested in the following ways: 61 per cent of 160 countries reported nutrition education as part of the school curriculum; 56 per cent trained school staff on nutrition; 54 per cent had regulations on foods and beverages served in schools; 54 per cent provided school meals; and 53 per cent provided free water.⁴³ Moreover, growth monitoring, deworming and micronutrient supplementation were among the most common school health and nutrition services.⁴⁴

45. In particular, with childhood overweight and obesity increasing in every region around the world, there is an urgent need to renew commitment to improving school health and nutrition programmes. Nonetheless, schools are often still underused as a platform to promote healthy diets and good nutrition. While 89 per cent of 160 countries reported having some form of school health and nutrition programme, school health and nutrition programmes have deteriorated since 2013.⁴⁵ The weakening of school health and nutrition programmes is concerning, especially because these programmes have the potential to address both undernutrition and overweight and obesity, making these programmes a platform on which to deliver double-duty actions.⁴⁶

46. More than 40 Member States in the WHO European region support the WHO European Childhood Obesity Surveillance Initiative, which measures overweight and

³⁹ See <https://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1>.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Nations System Standing Committee on Nutrition, "Schools as a system to improve nutrition". Available at www.unscn.org/en/resource-center/UNSCN-Publications?idnews=1748.

⁴³ See <https://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1>.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ See <https://apps.who.int/iris/bitstream/handle/10665/255414/WHO-NMH-NHD-17.2-eng.pdf?ua=1>.

obesity in children using the standardized height and weight measurements of over 300,000 children every three years.⁴⁷ The Initiative can be used as a model on which different countries and regions may structure their own school-based initiatives to address malnutrition in all its forms.

Nutrition and health claims and nutrition labelling

47. General Assembly resolution [73/132](#) discusses the importance of creating an enabling environment for making informed choices about food products for healthy dietary practices and appropriate infant and young child feeding practices through improved health and nutrition information and education. Nutrition and health claims and nutrition labelling are measures to inform consumers and as such improve food environments.

48. Regulation for nutrition labelling and nutrition and health claims is available in most countries: 81 per cent of countries had policies on nutrition labelling, an important increase from 49 per cent since 2013,⁴⁸ however Codex Alimentarius guidelines are not always met. Front-of-pack labelling was not commonly used. Substantial variations across regions exist.

D. Trade and investment for nutrition

49. In paragraph 19 of resolution [73/132](#), the General Assembly encouraged international cooperation to facilitate trade in agricultural products to improve food security and to address problems of both food-importing and food-exporting countries.

50. Trade and investments play critical roles in shaping the availability and affordability of diverse, safe and nutritious foods.⁴⁹ Over the past two decades, there has been a threefold increase in global trade in food products, rising in 2017 to a value of \$1.5 trillion.⁵⁰ The Rome Declaration (see para 11) recognizes that “trade is a key element in achieving food security and nutrition for all, and that trade policies are to be conducive to fostering food security and nutrition for all through a fair and market-oriented world trade system.”⁵¹ In paragraph 30 of resolution [73/253](#), the General Assembly stressed that a universal, rules-based, open, non-discriminatory and equitable, multilateral trading system will promote agriculture and rural development and urged national, regional and international strategies to promote the inclusive participation of farmers and fishers and fish workers, especially small-scale farmers, including women, in community, national, regional and international markets.

51. On 23 and 24 April 2019, the World Trade Organization (WTO) hosted the International Forum on Food Safety and Trade. By building on the first FAO/WHO/African Union International Food Safety Conference, held in Addis Ababa on 12 and 13 February 2019, the Forum aimed to explore the opportunities and challenges in strengthening food safety systems, in particular through trade. With the substantial expansion of global trade in food products of the past two decades, consumers now have access to a greater quantity and diversity of food. However, as emphasized in a joint statement by FAO, WHO and WTO, “consumers have the right

⁴⁷ See www.euro.who.int/en/health-topics/disease-prevention/nutrition/activities/who-european-childhood-obesity-surveillance-initiative-cosi/cosi-publications/childhood-obesity-surveillance-initiative-cosi-factsheet-highlights-2015-17-2018.

⁴⁸ Available at <https://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1>.

⁴⁹ See box 20 in www.fao.org/3/ca5162en/ca5162en.pdf.

⁵⁰ See www.who.int/docs/default-source/resources/joint-statement.pdf?Status=Temp&sfvrsn=61b890c4_12.

⁵¹ See www.fao.org/3/a-ml542e.pdf.

to expect that both locally produced and imported food are safe.” The continued development of international food safety guidelines and the translation of those guidelines at the domestic level and for international trade is of great importance.

52. As indicated in the 2019 *State of Food Security and Nutrition in the World*,⁵² trade and investment policy drives world agricultural and food markets. It is critical for country decision makers to consider the impacts of trade policy on nutrition, and to enhance coherence between trade policy and action on nutrition. “Achieving such policy coherence will require collaboration and coordination between two different stakeholder groups – from both the “trade” and “nutrition” communities – including agreement on policy objectives.”⁵³

E. Safe and supportive environments for nutrition at all ages

53. The General Assembly, in paragraph 15 of resolution 73/2, acknowledged the importance of creating an environment conducive to preventing and controlling non-communicable diseases. Cultivating supportive environments for nutrition requires identifying the factors that are both promotive and detrimental to addressing malnutrition in all its forms. Inadequate promotion, protection and support of breastfeeding, as well as insufficient attention to the food environment, represent two significant threats to promoting nutrition for people of all ages.

Protection, promotion and support of breastfeeding

54. The General Assembly, in paragraph 4 of resolution 73/132, also urged Member States to put into practice, as appropriate, a comprehensive implementation plan on maternal, infant and young child nutrition, including by developing or, where necessary, strengthening nutrition policies and legislative, regulatory and/or other effective measures to control the marketing of breast-milk substitutes, and establishing effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions.

55. The promotion of breastfeeding, in particular exclusive breastfeeding in the first six months of life with continued breastfeeding up to the age of two years and beyond, is one of the most all-encompassing human development acts. As a human rights issue, breastfeeding promotes “the right to adequate food for infants and young children through maternal and child protection.”⁵⁴ It provides a return of \$35 for every \$1 invested.⁵⁵ Moreover, breastfeeding is a double-duty action, having the potential to address not just undernutrition but also overweight and obesity and certain non-communicable diseases for mothers and their children.⁵⁶ However, the protection, promotion and support of breastfeeding around the world remains under threat, especially as the marketing of breastmilk substitutes continues to undermine breastfeeding recommendations.

56. The rate of exclusive breastfeeding for infants in the first six months of life, globally, as at 2018, was 41 per cent, still far from the World Health Assembly 50 per cent target for 2025. To reach the global target of at least 50 per cent of newborns up to six months exclusively breastfed, there is a need for an investment of \$5 per

⁵² See www.fao.org/3/ca5162en/ca5162en.pdf.

⁵³ Ibid.

⁵⁴ See www.refworld.org/pdfid/4538838c11.pdf.

⁵⁵ See www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase.pdf?ua=1.

⁵⁶ See <https://apps.who.int/iris/bitstream/handle/10665/255414/WHO-NMH-NHD-17.2-eng.pdf?ua=1>.

newborn to support mothers.⁵⁷ However, only 6 per cent of donors contribute at least \$5 per newborn to support this target.⁵⁸

57. The International Code of Marketing of Breast-milk Substitutes and relevant subsequent World Health Assembly resolutions provide the necessary tools to address the threat posed by the inappropriate promotion of food products that undermine breastfeeding. However, only 18 per cent of countries have fully implemented the recommendations of the Code. In paragraph 4 of resolution 73/132, the General Assembly urged Member States to develop or strengthen nutrition policies and legislative, regulatory or other effective measures to control the marketing of breast-milk substitutes. There is thus a need for the translation of the Code to national contexts. In addition, sustainable monitoring of the Code and the enforcement of normative measures to protect babies and mothers, as aligned with WHO guidance, must be recognized in accordance with the Convention on the Rights of the Child and other relevant United Nations human rights instruments, to respect, protect and fulfil children's right to life, survival and development; their right to safe and nutritious foods, and their right to the enjoyment of the highest attainable standard of health.⁵⁹

58. Breastfeeding protection, promotion and support, however, span beyond legal measures to curb marketing of breastmilk substitutes. The creation of baby-friendly facilities, the provision of infant and young child nutrition counselling at primary health-care facilities, and the collection of data on breastfeeding are all critical components of proper breastfeeding promotion, support and protection.

59. Full integration of interventions to ensure effective breastfeeding protection, promotion and support, and optimal infant and young child feeding practices, is crucial, at both the facility and community levels. The recently launched WHO global standards for improving quality of maternal and newborn care, and of paediatric care, in health facilities integrate the essential interventions needed to protect, promote and support optimal infant and young child nutrition, including breastfeeding. In addition, the WHO framework for the global standards includes a strong human rights component by integrating universal women's and children's rights principles and standards, including the right to adequate food and to the highest attainable standard of health.

Food environments

60. The General Assembly, in resolution 73/132, called for Member States to scale up research, in particular on the economic and social determinants of health as related to nutrition and food systems.

61. Regulatory measures to shape food environments have been considered by Member States as a means to shape people's diets.

62. As indicated in World Health Assembly report 72/58, "59 countries have established a tax on sugar-sweetened beverages; 46 countries have mandatory regulations on marketing to children; 55 countries have established front-of-pack labelling (eight of them with mandatory regulations); 28 countries have regulations on the inappropriate marketing of complementary food; 87 countries have school food standards; 28 countries have banned food and drink vending machines in schools and 27 countries are taking action to ban the use of industrially produced trans-fats."

63. The International Food and Beverage Alliance, which brings together 12 leading food and non-alcoholic beverage companies, has voluntarily taken a positive step by

⁵⁷ See www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018.pdf?ua=1.

⁵⁸ Ibid.

⁵⁹ See www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20871&LangID=E.

committing its member companies to eliminate industrially produced trans-fats from the global supply chain by 2023 in line with the WHO target.⁶⁰

64. In resolution 73/2, the General Assembly recognized the potential for conflicts of interest with the private sector. The World Health Assembly, in its resolution 65/6, requested the Director-General to “develop risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistent with WHO’s overall policy and practice.”⁶¹ In response, WHO developed a six-step decision-making guide for countries to evaluate conflicts of interest.⁶² Discussions with Member States are taking place, as well as the collection of additional country experiences.⁶³

Promotion of physical activity

65. The General Assembly, in paragraph 13 of resolution 73/132, called upon Member States to promote physical activity through the provision of safe public environments and recreational spaces, the promotion of sports, physical education programmes in schools and urban planning which encourages active transport, and also called upon Member States to implement the World Health Organization global action plan on physical activity 2018–2030: more active people for a healthier world. Similarly, one of the recommendations of the Framework for Action of the Second International Conference on Nutrition is the creation of a “conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life.”

66. Physical inactivity is one of the four leading risk factors for overweight, obesity and non-communicable diseases. Globally, 25 per cent of adults and 75 per cent of adolescents fail to adhere to the WHO global recommendations on physical activity; moreover, physical inactivity is as high as 70 per cent in some countries, owing to changing population trends.⁶⁴ Physical inactivity levies a direct health care cost of \$54 billion annually, plus an additional cost due to lost productivity of \$14 billion in 2013.⁶⁵ A lack of awareness and investment in the benefits of physical activity has slowed progress in addressing this gap globally. Cultural values similarly influence physical inactivity in most countries, especially by depriving girls, women, older adults, underprivileged groups and people with disabilities of access to safe and appropriate places to be physically active.⁶⁶

67. At the country level, action to increase physical activity must be systems-based, targeting all the dimensions – including the cultural, environmental, economic and social dimensions. The global action plan on physical activity 2018–2023 is a call to action for Governments and other stakeholders to develop and strengthen their “whole-of-society response to achieve a paradigm shift in both supporting and valuing all people being regularly active, according to ability and across the life course.”⁶⁷

⁶⁰ See https://ifballiance.org/uploads/press/pdf/5ccc4b8061475_IFBA%20iTFA%20Enhanced%20Commitment%2002.05.2019.pdf.

⁶¹ See http://apps.who.int/gb/ebwha/pdf_files/WHA65-REC1/A65_REC1-en.pdf#page=25.

⁶² See https://apps.who.int/gb/ebwha/pdf_files/EB142/B142_23-en.pdf.

⁶³ www.who.int/nutrition/events/2019-memberstates-consultation-COI-4Feb-report.pdf?ua=1.

⁶⁴ See <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf?ua=1>.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

F. Strengthened nutrition governance and accountability

68. Addressing malnutrition in all its forms and improving international collaboration for nutrition requires strong governance and accountability mechanisms. Nutrition demands a whole-of-society approach. Strong nutrition data and information systems serve as the foundation to strong nutrition action, yet these systems are often weak and poorly resourced in many countries around the world.

Importance of applying a rights-based approach to nutrition

69. In resolution 73/132, the General Assembly called upon Member States to consider ratifying or implementing, as appropriate, the Convention on the Rights of the Child, which recognizes the right of the child to the enjoyment of the highest attainable standard of physical and mental health and states that appropriate measures shall be taken to combat disease and malnutrition, giving due attention, inter alia, to its provisions on nutritious foods and breastfeeding.

70. The right to adequate food is also recognized as an essential part of the right to an adequate standard of living under article 11 (1) of the International Covenant on Economic, Social and Cultural Rights; and “the fundamental right of everyone to be free from hunger” under article 11 (2). The right to food is recognized in other international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities. These instruments, and the entitlements of citizens and obligations of States and global reporting procedures contained therein, provide robust legal and normative frameworks for strengthening accountability, including monitoring and evaluation, as well as processes and mechanisms for remedy and redress, where necessary. Both the Committee on Economic, Social and Cultural Rights and the Committee on the Rights of the Child regularly address the right to adequate food and other relevant rights in their review of States’ reports on implementation of the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, and in dialogue with State delegations. The United Nations system of special procedures further provides opportunities for assessing States’ efforts to respect, protect and fulfil the right to adequate food and other relevant rights, including through the universal periodic review of the Human Rights Council and the reports and country visits by the United Nations Special Rapporteur on the right to food.

Multisectoral coordinating mechanisms

71. The General Assembly, in paragraph 4 of resolution 73/132, also urged Member States to establish effective intersectoral governance mechanisms in order to expand the implementation of nutrition actions.

72. Country multisectoral coordinating mechanisms for nutrition serve the purpose of aligning actions across sectors that are necessary to combat malnutrition in all its forms. Recognizing this importance, 135 (80 per cent) of 169 countries reported having “multisectoral groups or organizations that oversee, coordinate or harmonize nutrition-related work.”⁶⁸ The WHO regions with the greatest proportion of countries with coordinating mechanisms were South-East Asia, Africa, the Americas and the Eastern Mediterranean; the regions of Europe and the Western Pacific reported a third of countries without coordination mechanisms.⁶⁹

⁶⁸ See <https://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1>.

⁶⁹ Ibid.

73. Multisectoral coordinating mechanisms take different forms around the world. Many countries report having a single mechanism to address food and nutrition issues, while others have mechanisms that address more specific nutrition issues such as food fortification or breastfeeding. Most countries set up their mechanisms within the ministry of health, but some countries set up primary mechanisms within the office of the president or prime minister – an approach that is most often seen in the WHO African and South-East Asian Regions.⁷⁰

74. The work of countries to develop and strengthen coordinating mechanisms for nutrition is critically important; political commitment at the highest level is necessary to continue this work. The Scaling Up Nutrition movement has been actively supporting the setup of nutrition coordination mechanisms in countries.

Importance of accountability mechanisms

75. The country-led process of developing specific, measurable, achievable, relevant and time-bound (SMART) commitments facilitates the tracking of progress to improve nutrition globally. As at July 2019, three countries have registered their formal commitments in a registry under the umbrella of the United Nations Decade of Action on Nutrition (2016–2025). While many countries have made commitments to improve nutrition, there is a need for a connected system that makes it easier to track progress and keep Member States accountable. The 2020 Nutrition for Growth summit in Japan will provide Member States with a valuable opportunity to make commitments for nutrition that can be monitored and assessed over time.

Nutrition data and information systems

76. Strategic action at the global and country levels to address malnutrition in all its forms requires an understanding of the extent of the problem and of which populations are affected. Thus, relevant, reliable, thorough, publicly owned, transparent and interpretable data and statistics for nutrition action are necessary.

77. At the global level, in the 2019 *State of Food Security and Nutrition in the World*⁷¹ report and the 2018 *Global Nutrition Report*⁷² use, analyse and discuss global data on malnutrition in all its forms and draw from the 20 indicators of the global nutrition monitoring framework.⁷³ These reports leverage data from joint collaborations within and outside of the United Nations system, such as the annual UNICEF-WHO-World Bank joint malnutrition estimates.⁷⁴

78. For the first time, country low birthweight data for 2000 to 2015 was made available in 2019 with the UNICEF-WHO joint publication on low birthweight estimates.⁷⁵ However, critical data is still missing from the global repository. There remains a data gap with regard to monitoring the progress on nutrition for specific groups such as the elderly and adolescent girls, which further threatens the achievement of Sustainable Development Goal target 2.2, as very often what gets measured gets done.

79. Beyond data collection, it is essential that countries build local capacity to properly analyse, interpret, and integrate data into the decision-making processes and dedicate an adequate portion of health funding to data and information systems.

⁷⁰ Ibid.

⁷¹ See www.fao.org/3/ca5162en/ca5162en.pdf.

⁷² See <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>.

⁷³ Available at www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/.

⁷⁴ See www.who.int/nutrition/publications/operational-guidance-GNMF-indicators/en/.

⁷⁵ See www.who.int/nutgrowthdb/lbw-estimates/en/.

V. Conclusion and ways forward

80. Member States continue to make modest progress in addressing malnutrition in all its forms, and faster progress is needed. An analysis showed that, of 194 countries, only 5 countries are on track to meet 4 nutrition targets (and this is the maximum number of the 9 global diet-related non-communicable disease and nutrition targets).⁷⁶ Critical gaps and needs remain that, if unaddressed, will prevent Member States from achieving the global nutrition targets and the health-related targets of Sustainable Development Goals.

81. Achieving the global nutrition targets and the health-related targets of the Sustainable Development Goals will require nations to invest in the areas in which progress has been slow and to make specific, measurable, achievable, relevant and time-bound (SMART) commitments, including financial commitments, to act in areas, some of which are identified in the present report. It will also require greater coordination and collaboration by actors at all levels – from global to local.

82. Accelerating progress to improve nutrition at the global level can be achieved by:

(a) Renewing partnerships for good nutrition between countries, civil society organizations, United Nations agencies and other actors, while making sure to recognize and remedy potential and real conflicts of interest between actors that hinder progress;

(b) Taking into consideration the recommendations from both the United Nations treaty-monitoring bodies, the Special Rapporteur on the right to food and the universal periodic review of the Human Rights Council process to improve accountability and governance for nutrition;

(c) Developing and strengthening global and regional Member-State-led action networks for nutrition and supporting their outputs;

(d) Supporting, monitoring and ultimately realizing the commitments already made and the future ones to be assumed at the 2020 Nutrition for Growth Summit in Tokyo, for transformative action in nutrition. The Summit will provide Member States and non-State actors with the opportunity to make SMART commitments to scale up nutrition actions and to improve nutrition both domestically and through foreign policy, investment and assistance;

83. Accelerating progress to improve nutrition at the national level can be achieved by:

(a) Setting nationally appropriate spending targets for investments in health consistent with sustainable national development strategies, and ensuring efficient and equitable allocation of resources with clear and sufficient budget lines for relevant nutrition interventions;

(b) Developing and strengthening science- and food-based dietary guidelines which include environmental sustainability elements;

(c) Committing to transformative food systems change that ensures access to and encourages consumption of safe, nutritious, affordable and sustainable diets;

(d) Protecting, promoting and supporting breastfeeding, in particular by fully adopting the International Code of Marketing of Breast-milk Substitutes into national legislation, enforcing and monitoring the regulation; and ensuring that all health

⁷⁶ See <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>.

facilities provide maternal and newborn care services and fully implement the ten steps to successful breastfeeding of the baby-friendly hospital initiative;

(e) Using regional nutrient profiles developed by WHO for all six regions to: inform action to improve access to healthy diets at the country level; develop and adopt national regulation on the marketing of food and beverages high in sugar, salt and/or fats to children; and ensure healthy food environments in public institutions;

(f) Mainstreaming the WHO evidence-based package of nutrition interventions through a health system that responds to the health needs of country's populations and that is progressively expanded over time;

(g) Investing again in school health and nutrition programmes, strengthening country efforts to: restrict the sale and marketing of foods and beverages that contribute to unhealthy diets, in line with scientific evidence, inform children of the importance of healthy diets and conduct growth monitoring;

(h) Actively engaging with, commenting on and assessing the biennial reporting to the General Assembly of progress within the framework of the United Nations Decade of Action on nutrition (2016–2025) reporting cycle.

(i) Enhancing existing national mechanisms for coherence, coordination and collaboration in nutrition and strengthening national multi-stakeholder platforms and processes with adequate protection against conflicts of interest.
