

# MOBILIZING AMBITIOUS AND IMPACTFUL COMMITMENTS FOR MAINSTREAMING NUTRITION IN HEALTH SYSTEMS

Nutrition in universal health coverage  
Global nutrition summit



World Health  
Organization



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# INTRODUCTION

## UNIVERSAL HEALTH COVERAGE (UHC) IS THE PATH TO SUSTAINABLE DEVELOPMENT

**H**ealthy populations are central to sustainable development. Without good health, children cannot learn, people cannot work productively, and societies cannot prosper. Meaningful progress towards good health for all and the health-related Sustainable Development Goals (SDGs) will not be possible unless all people can access the health services they need, when they need them, without risk of financial ruin or impoverishment – particularly those most left behind. This is what is meant by universal health coverage (UHC).

At its core, UHC has three dimensions: who is covered; what is covered; and what portion of the cost is covered. As countries implement their national health plans and UHC roadmaps, their journeys are marked by incremental expansions across each of these three dimensions: progressively expanding the population that has access to health care; progressively expanding the package of quality health services; and progressively reducing out of pocket payments, such as user fees – which push 100 million people into poverty each year – through health financing reform.<sup>1</sup> This journey along these three dimensions serves as the foundation on which UHC achieves its three objectives of equity, quality and financial risk protection. As a result, UHC protects communities from shocks during times of crisis and cultivates prosperous and healthy societies and economies.

UHC relies on a strong primary health care platform to deliver its goals. Primary health care is often a person's first contact with the health system. It offers a people-centred means of meeting the health needs of all individuals, families and communities by way of comprehensive care and strategically-provided integrated health services throughout the life-course. It is rooted in social justice and equity, recognizing the fundamental right to health, embodied in article 25 of the Universal Declaration of Human Rights.<sup>2</sup>

The 1978 Declaration of Alma-Ata set out primary health care as the way to achieve health for all and centred 'the promotion of food supply and proper nutrition' as one of the minimum requirements of primary health care.<sup>3</sup> The 2018 Declaration of Astana has renewed political commitment to primary health care and UHC from governments, non-governmental organizations, professional organizations, academia, and global health and development organizations.<sup>4</sup> This is a strong platform on which to return nutrition to the forefront of country UHC plans and roadmaps. However, country contexts and health systems are different and operationalizing primary health care for UHC will look different in each country in terms of financing, services and structure.

## INVESTING IN NUTRITION LEADS TO IMPROVED HEALTH AND SUCCESSFUL DEVELOPMENT

The objectives of UHC cannot be achieved unless nutrition actions are integrated into primary, secondary and tertiary health care platforms, as well as across each of the areas of prevention of ill-health, health promotion, and curative, rehabilitative and palliative care. This is because a person's nutrition status is inextricable from their health status: malnutrition increases the risk of getting ill, staying ill and dying of illness. Similarly, people who are ill are more likely to become malnourished and therefore require nutrition assessment and, if necessary, support when presenting to health services.

1 Tracking universal health coverage: 2017 global monitoring report. World Health Organization and International Bank for Reconstruction and Development / The World Bank; 2017. Licence: CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf;jsessionid=739B5424338DE1264A56936976689F77?sequence=1>, accessed 31 October 2019).

2 United Nations General Assembly Resolution 217 A. Universal Declaration of Human Rights. In United Nations General Assembly, Paris, 10 December 1948. New York: United Nations; 1948 (<http://www.un.org/en/universal-declaration-human-rights/>, accessed 25 September 2019).

3 Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. Geneva: World Health Organization; 1978 ([https://www.who.int/publications/almaata\\_declaration\\_en.pdf?ua=1](https://www.who.int/publications/almaata_declaration_en.pdf?ua=1), accessed 25 September 2019).

4 Declaration of Astana. Global Conference on Primary Health Care, Astana, Kazakhstan, 25–26 October 2018. Geneva: World Health Organization; 2018 (<https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>, accessed 25 September 2019).

Nearly one in three people around the world has at least one form of malnutrition – namely, undernutrition (including stunting, wasting and micronutrient deficiencies) and overweight, obesity or diet-related noncommunicable diseases (NCDs).<sup>1</sup> The consequences of malnutrition in all its forms for health and development are significant. Each year, undernutrition contributes to almost half of all deaths amongst children under five – with undernutrition a leading risk factor for infectious diseases, including diarrhoea, pneumonia and measles, as well as deaths from neonatal causes.<sup>2</sup> Undernutrition in childhood also increases the risk of being overweight in later life, driving higher rates of NCDs such as heart disease, stroke, cancer and diabetes.<sup>3</sup>

New global estimates indicate that nearly 15% or 20.5 million babies suffered from low birth weight in 2015, jeopardizing their survival, health and development.<sup>4</sup> Babies born with low birth weight and survive are subsequently at higher risk of cardiovascular disease and diabetes.<sup>5</sup>

Stunting before the age of 2 years is associated with poorer cognitive and educational outcomes in later childhood and adolescence. It has been estimated that adults who were stunted in childhood earn up to 20% less compared to their non-stunted counterparts.<sup>6</sup> In 2018, stunting affected almost 30% or 149 million children under 5 globally.<sup>7</sup> Stunting in childhood also increases the risk of overweight and obesity later in the life-course.<sup>3</sup>

A child with severe wasting is nine times more likely than a well-nourished child to die from common infections such as malaria, pneumonia or diarrhoea.<sup>8</sup> In 2018, wasting continued to threaten the lives of an estimated 7% or 49 million children under 5.

Overweight and obesity rates have increased sharply in recent decades worldwide, affecting 40 million children under 5 years of age, 207 million adolescents and 2 billion adults.<sup>8,9</sup> Being overweight before pregnancy also increases the risk of disease and death for both mother and baby, including through hypertensive disorders, pre-eclampsia and gestational diabetes.<sup>10</sup> In addition, overweight and obesity are related with many NCDs, including diabetes, coronary heart disease and stroke. Among adults, overweight and obesity contribute to 7% or 4 million of all deaths and 120 million healthy years of life lost across the global population.<sup>11</sup>

In addition to affecting survival, growth and development, malnutrition also affects educational and economic outcomes of individuals, families, communities and nations. Both undernutrition and obesity can promote themselves and their adverse health effects across the life-course and across generations, fuelling the rising burden of NCDs. Populations and workforces that do not achieve their full productive potential limit the competitiveness of countries and encumber societies with the costs of treating and managing malnutrition. This results in an annual cost of almost US\$ 3.5 trillion globally, with overweight and obesity comprising US\$ 500 billion of this cost.<sup>12</sup> On the other hand, adequate nutrition early in life can increase

1 Double-duty actions for nutrition. Policy brief. Geneva: World Health Organization; 2017 (WHO/NMH/NHD/17.2; <https://apps.who.int/iris/bitstream/handle/10665/255414/WHO-NMH-NHD-17.2-eng.pdf?ua=1>, accessed 10 October 2019).

2 Black RE, Victora CG and Walker SP et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 2013;382:9890, 2013, pp. 427–51.

3 Wells C, Sawaya A, Wibaek R, et al. The double burden of malnutrition: etiological pathways and consequences for health. *The Lancet*, 2020; 395:10217, pp.75–88.

4 United Nations Children's Fund (UNICEF), World Health Organization (WHO). UNICEF-WHO Low birthweight estimates: Levels and trends 2000–2015. Geneva: World Health Organization; 2019 Licence: CC BY-NC-SA 3.0 IGO.

5 Alwan A. Global status report on noncommunicable diseases 2010. World Health Organization; 2011.

6 Grantham-McGregor S, Cheung YB, Cueto S, Glewwe P, Richter L, Strupp B; International Child Development Steering Group. Developmental potential in the first 5 years for children in developing countries. *Lancet*. 2007;369:60–70. doi:10.1016/S0140-6736(07)60032-4.

7 Levels and trends in child malnutrition. UNICEF/WHO/World Bank Group joint child malnutrition estimates. Key findings of the 2019 edition. New York/Geneva/Washington (DC): The United Nations Children's Fund, the World Health Organization and the World Bank Group; 2019 (WHO/NMH/NHD/19.20) <https://www.who.int/nutgrowthdb/jme-2019-key-findings.pdf?ua=1>, accessed 12 October 2019).

8 United Nations Children's Fund (UNICEF), World Health Organization, International Bank for Reconstruction and Development/The World Bank. Levels and trends in child malnutrition: key findings of the 2018 Edition of the Joint Child Malnutrition Estimates. Geneva: World Health Organization; 2018 Licence: CC BY-NC-SA 3.0 IGO.

9 United Nations, International Fund for Agricultural Development, United Nations Children's Fund, World Food Programme, World Health Organization. The state of food security and nutrition in the world 2019. Safeguarding against economic slowdowns and downturns. Rome: Food and Agriculture Organization of the United Nations; 2019 ([https://docs.wfp.org/api/documents/WFP-0000106760/download/?\\_ga=2.92058521.2076449075.1568119568-2002683835.1568119568](https://docs.wfp.org/api/documents/WFP-0000106760/download/?_ga=2.92058521.2076449075.1568119568-2002683835.1568119568), accessed 12 October 2019).

10 Leddy MA, Power ML, Schulkin J. The impact of maternal obesity on maternal and fetal health. *Reviews in obstetrics and gynecology*. 2008;1(4):170.

11 GBD 2015 Obesity Collaborators, Afshin A, Forouzanfar MH, Reitsma MB, Sur P, Estep K, Lee A, Marczak L et al. Health effects of overweight and obesity in 195 countries over 25 years. *N Engl J Med*. 2017;377(1):13–27. doi:10.1056/NEJMoa1614362.

12 Development Initiatives, 2018. 2018 Global Nutrition Report: Shining a light to spur action on nutrition. Bristol, UK: Development Initiatives.

school completion by one year and raise adult wages by 5% to 50%.<sup>1,2</sup> Children who escape stunting are estimated to be 33% more likely to escape poverty as adults.<sup>3</sup> In Africa and Asia, the reduction of stunting can increase the gross domestic product by 4% to 11%.<sup>4</sup>

Integrating nutrition actions into national health plans and UHC roadmaps, with a focus on those left behind, contributes to equity in health, including through the improvement of access to essential services. Generally, wealthier and urban populations are more likely to access nutrition interventions, especially in low- and middle-income countries. Reducing or eliminating out-of-pocket expenditures and other barriers to access nutrition interventions assures everyone can obtain quality, timely and safe health and nutrition care.

The long-term effects of malnutrition in all its forms and their risks are profound. Nutrition actions across the life-course will not only enable populations to survive and thrive, but also benefit human capital formation through: (1) improving cognitive, social, emotional and behavioural development; (2) improving long term health outcomes; and (3) reducing health and socio-economic inequalities.<sup>5</sup> Improving nutrition across the life-course will therefore save lives, support growth and development across the life-course, improve health equity and strengthen human capital.

## INTEGRATING NUTRITION IN UHC IMPROVES OVERALL HEALTH OUTCOMES

Nutrition investments improve not only nutrition outcomes but also health outcomes more broadly. Scaling up coverage of 10 nutrition-specific interventions to 90% in 34 high-burden countries was projected to save 900 thousand lives, reduce the prevalence of stunting by 20% and reduce severe wasting by 60%, effectively reaching the global nutrition targets for stunting and wasting by 2025.<sup>6</sup> In addition, under-5 mortality would be reduced by 15%, including a 35% reduction in diarrhoea-specific mortality, 29% in pneumonia-specific mortality and 39% in measles-specific mortality.<sup>7</sup>

Importantly, addressing the challenge of malnutrition requires coherent action beyond the health sector, though with health sector stewardship. This includes: increasing access to hygiene, safe drinking water and sanitation; improving food safety and equity in the food supply chain, from farm to fork; providing social protection; well-designed and effectively implemented nutrition education; nutrition-sensitive trade and public investments to increase the diversity of household food production and consumption; promoting early childhood development; protecting human rights; strengthened governance and accountability for nutrition; and combatting climate change, which exacerbates issues of food and nutrition insecurity in vulnerable areas.

## COMMITTING TO NUTRITION IN UHC

Good health and sustainable development are not possible without good nutrition, and UHC is not possible without integrating nutrition actions into national health plans and UHC roadmaps. Governments and their partners have an opportunity to increase the coverage of cost-effective nutrition interventions through full integration of nutrition into UHC, in line with country needs and resources. This is about more than just the nutrition interventions, it extends to integrating nutrition into health governance, the health supply chain, health information systems and the training and supportive supervision of health workers. This will ensure that

1 Weight gain in the first two years of life is an important predictor of schooling outcomes in pooled analyses from five birth cohorts from low- and middle-income countries. *The Journal of nutrition*. 140(2): 348-354; 2010.

2 Hoddinott J, Maluccio J, Behrman JR, Martorell R, Melgar P, Quisumbing AR, Ramirez-Zea M, Stein AD, Yount KM. The consequences of early childhood growth failure over the life course. Washington, DC: International Food Policy Research Institute Discussion Paper. 2011 Mar;1073.

3 Hoddinott J, Maluccio JA, Behrman JR, Flores R, Martorell R. Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults. *The Lancet*. 2008 Feb 2;371(9610):411-6.

4 Horton S, Steckel RH. Malnutrition: global economic losses attributable to malnutrition 1900–2000 and projections to 2050. How Much Have Global Problems Cost the Earth? A Scorecard from 1900 to 2013 Oct 10;2050:247-72.

5 World Health Organization (WHO). Nurturing human capital along the life course: Investing in early child development. Geneva: WHO Meeting Report 2013 Jan.

6 Black R, Alderman H, Bhutta Z, Gillespie S, Haddad L, Horton S. Executive summary of *The Lancet* maternal and child nutrition series. Maternal and Child Nutrition Study Group (eds), *Maternal and Child Nutrition*. 2013:1-12.

7 Bhutta ZA, Das JK, Rizvi A, Gaffey MF, Walker N, Horton S, Webb P, Lartey A, Black RE, Group TL, Maternal and Child Nutrition Study Group. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*. 2013 Aug 3;382(9890):452-77.

country UHC plans deliver on their promise of maximising improvements to health and well-being and health equity, efficient use of resources, patient-centeredness and ensuring population resilience.

The Group of Twenty (G20) have included UHC in the Finance Track and the Okayama Declaration of the G20 Health Ministers recognizes nutrition (as part of high quality and safe primary health care) as a cornerstone for UHC and commits to accelerate efforts to enhance nutrition, addressing malnutrition in all its forms. Political leaders from around the world gathered on 23 September 2019 for the first United Nations (UN) High-Level Meeting on UHC. Building on these moments, the Tokyo Global Nutrition Summit (N4G), falling in mid-term of the UN Decade of Action on Nutrition (2016–2025), will position nutrition as an essential driver of sustainable development and secure new policy and financial commitments to act on malnutrition. The Tokyo N4G therefore presents an historic opportunity to promote nutrition as an essential component of UHC, including through scaling up comprehensive and integrated nutrition services, supporting the goal of achieving UHC, the health-related SDGs and sustainable development more broadly.

At the Tokyo N4G, commitments may be made towards ensuring that nutrition is an essential component of UHC. Commitments should:

- Reinforce nutrition as a pillar for UHC;
- Be tailored to the country context, including the health needs of that population and the full package of essential health services required to meet these needs, as well as specific considerations relating to fragile and conflict-affected states, emergency settings and the humanitarian-development nexus;
- Be evidence-based and align with the WHO's proven effective Essential Nutrition Actions, as well as the World Bank's Essential UHC (EUHC) interventions and Highest-Priority Package (HPP) lists involving nutrition;<sup>1, 2</sup>
- Prioritize the nutrition needs of the poorest and most vulnerable populations by leaving no one behind and reaching the furthest behind first, in line with the SDG promise;
- Cover the whole life course and periods most sensitive to good nutrition, including the first 1,000 days, adolescence, pregnancy and the elderly, through the health sector as a critical entry point that should be leveraged to maximize health and nutrition outcomes;
- Account for the co-existence of multiple forms of malnutrition within the same individual, families, communities and nations;
- Focus on equity, quality and financial risk protection; and
- Be SMART (specific, measurable, achievable, relevant and time-bound).

1 Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/bitstream/handle/10665/326261/9789241515856-eng.pdf?ua=1>, accessed 31 October 2019).

2 Jamison, D. T., R. Nugent, H. Gelband, S. Horton, P. Jha, R. Laxminarayan, and C. N. Mock, eds. 2015–2018. Disease Control Priorities. Third edition. 9 volumes. World Bank: Washington, DC (<http://dcp-3.org/>, accessed 31 October 2019).

Table 1 below provides a list of generic commitments that governments and other stakeholders can make in the different pillars of health systems. They are meant to inspire and need to be ‘smartened’ by the respective stakeholder. Following the table is a detailed list of examples of SMART commitments, developed by the Tokyo N4G working group on nutrition in UHC, arranged by the six health system pillars and by constituency.

**Table 1. List of commitments per health system pillar for different constituencies**

Stakeholder	Strengthening governance for a comprehensive approach to UHC that integrates essential nutrition actions into service delivery	Strengthening inputs to support delivery of a comprehensive approach to UHC that integrates essential nutrition actions	Financing delivery of a comprehensive approach to UHC that integrates essential nutrition actions
<b>Governments</b>	<p>Integrate WHO’s Essential Nutrition Actions into the <b>package of essential health services</b> as part of national health plans and UHC roadmaps.</p> <p>Ensure national UHC plans that integrate nutrition are aligned with <b>national multi-sectoral plans</b> as part of a ‘health in all policies’ approach with nutrition at the heart of the policy.</p> <p>Increase the <b>effective coverage</b> of essential nutrition actions through the health system, with a focus on reaching those most left behind.</p> <p>Ensure a basic health insurance scheme, including through private providers, in the national health plans and UHC roadmaps that integrates essential nutrition actions.</p>	<p>Ensure that <b>health workers</b> are properly trained on the integrated delivery of nutrition interventions across the life-course, and that they receive integrated supportive supervision and mentoring that builds their capacity to deliver these interventions.</p> <p>Ensure that essential, quality-assured nutrition-related <b>health products</b> are available, affordable, accessible, and properly administered through the health system, including through including these in national essential medicines lists.</p> <p>Ensure that national <b>health information systems</b> include indicators to track the coverage and quality of essential nutrition actions and provide early warning of nutrition emergencies, and develop capacity to use this information for decision-making.</p>	<p>Allocate <b>domestic resources</b> to delivering integrated essential nutrition actions in national health plans, [either in terms of an annual amount per year, or as a proportion of the final costed plan].</p>
<b>Donor agencies and research funders</b>	<p>Invest US\$ XX million in <b>technical assistance to governments</b> to support a country-led, comprehensive approach to UHC that integrates essential nutrition actions, including US\$ XX million in technical assistance to incentivise countries to use Gavi and Global Fund funding proposals to request financial assistance to deliver integrated essential nutrition actions in national health plans.</p> <p>Help fill a financial gap of US\$ XX million in research and evidence generation, surveillance, analysis and use of data capacity to support countries to follow an evidence-based path to taking a comprehensive approach to UHC that integrates essential nutrition actions.</p> <p>Ensure that <b>technical assistance to governments</b> supports the development of a country-led, comprehensive approach to UHC that integrates essential nutrition actions [WHO, UNICEF, UNFPA, others].</p>		<p>Ensure that <b>all investments</b> in health systems strengthening and health service delivery supports the integration and delivery of essential nutrition actions included in the package of essential health services.</p>

Stakeholder	Strengthening governance for a comprehensive approach to UHC that integrates essential nutrition actions into service delivery	Strengthening inputs to support delivery of a comprehensive approach to UHC that integrates essential nutrition actions	Financing delivery of a comprehensive approach to UHC that integrates essential nutrition actions
<b>UN and multilateral agencies</b>	<p>Develop and update <b>normative guidance and other global public goods</b> to support countries to take a comprehensive approach to UHC that integrates essential nutrition actions [WHO, UNICEF, UNFPA, World Bank, others].</p> <p>Strengthen cross-agency coordination and coherence through the <b>SDG3+ Global Action Plan</b> to ensure a joined-up approach to supporting a country-led, comprehensive approach to UHC that integrates essential nutrition actions [WHO, UNICEF, UNFPA, Global Fund, Gavi, others].</p>		<p>Incentivise and support countries to use <b>Gavi, Global Fund funding proposals and Global Financing Facility investment cases</b> to request financial assistance to deliver integrated essential nutrition actions in national health plans.</p>
<b>Civil society organizations and academia</b>	<p><b>Advocate</b> for countries to pursue a comprehensive approach to UHC that integrates essential nutrition actions.</p> <p><b>Implement activities</b> to support the delivery of a comprehensive approach to UHC that integrates essential nutrition actions, including research by academic actors.</p> <p>Support <b>community demand-generation</b> for preventative essential nutrition actions as part of health service delivery platforms.</p>		<p><b>Advocate</b> for the allocation of domestic resources and international financing to deliver integrated essential nutrition actions in country health plans.</p>
<b>Private sector actors</b>		<p>Develop and bring to market <b>low-cost solutions for nutrition-related health products, diagnostics, and technologies</b>.</p>	<p>Provide <b>innovative private-sector financing</b> to deliver integrated essential nutrition actions in country health plans.</p>

# PROPOSED COMMITMENTS

## PREAMBLE

**M**ainstreaming nutrition in the push for UHC will require efforts across the health sector to build functional and resilient health systems. While each country's health system is different, it is necessary to address each of the six essential pillars (or 'building blocks') of a health system: health service delivery, health workforce, health financing, health information systems, access to essential medicines, and leadership and governance.<sup>1</sup>

The following commitments for mainstreaming nutrition in UHC are framed around the six pillars of the health system. For each of the pillars an overarching commitment is proposed, accompanied by proposed priority actions to achieve it in the form of SMART commitments. The SMART commitments are not meant to be exhaustive nor applicable to all contexts. Rather, they are meant as example SMART commitments for mainstreaming nutrition into national health systems and UHC plans that national governments, their partners and other international stakeholders can draw from to frame their own commitments, based on country population needs, health system and other factors.

Health service delivery is central to achieving the objective of mainstreaming nutrition in UHC. In this key pillar, priority actions that are critical to fulfil the overarching commitment to mainstream nutrition in UHC are proposed using a life-course approach and taking into account emergencies and specific conditions.

The subsequent five pillars of the health system play supportive roles to the health service delivery platform (See Fig. 1). Through indirect and direct mechanisms, the overarching commitments in these pillars of the health system combine and interact to improve health service delivery more broadly. For each of the proposed overarching commitments, examples of SMART commitments for action are also provided. Each proposed commitment will enable governments, stakeholders and international partners to improve delivery of nutrition actions and health service integration.

It is inevitable that overlaps and complications are bound to occur when attempting to neatly divide a complex construct such as the health system, especially involving a cross-cutting and multi-sectoral issue like nutrition. This difficulty is apparent in this document; thus, suggestions made herein should be tailored to the health and nutrition needs of the population and country context. To do so, some guidance is provided: **Annex 1** provides example packages of services to support the priority actions in the Health Service Delivery pillar, featuring many of WHO's proven effective Essential Nutrition Actions (ENAs). These packages are accompanied by non-exhaustive lists of the guidance available on indicators for some of the example commitments and WHO ENAs. Some of the WHO ENAs apply in all settings and are highlighted using a ✓ symbol. Other interventions are only appropriate in certain settings or for certain groups – these are presented with a □ symbol. Essential health packages in all settings need to contain robust nutrition components but countries will need to decide which interventions best support their national health policies, strategies and plans. They should nevertheless focus on life stages and populations that are particularly critical for the impact of global health nutrition in a specific setting. This document proposes, therefore, that governments, stakeholders and international partners complement WHO ENAs with the World Bank's Essential Universal Health Coverage (EUHC) interventions and Highest-Priority Package (HPP) lists involving nutrition. **Annex 2** includes the rationales for the proposed priority actions in the Health Service Delivery pillar. **Annex 3** provides an overview of WHO ENAs for healthier populations over the life-course, which recognizes the linkages between different life stages, the potential for intergenerational effects and the importance of addressing malnutrition in all its forms. Many of WHO ENAs are direct nutrition actions

<sup>1</sup> WHO. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva: World Health Organization. 2007. ([https://www.who.int/healthsystems/strategy/everybodys\\_business.pdf](https://www.who.int/healthsystems/strategy/everybodys_business.pdf), accessed 13 October 2019).



and address immediate causes of malnutrition (i.e. nutrition-specific interventions), such as micronutrient supplementation or recommendations on infant feeding. Many others address underlying causes of malnutrition and include those implemented by other sectors that have significant implications for nutritional status (e.g. water, sanitation and hygiene; infectious disease control; agriculture).



**Figure 1:** The Health service delivery is central to achieving the objective of mainstreaming nutrition in UHC. As such, the proposed commitments place health service delivery at the front and centre. The subsequent five pillars of the health system play supportive roles in the health service delivery platform. Through indirect and direct mechanisms, the commitments in these pillars of the health system combine and interact to improve health service delivery more broadly.



## HEALTH SERVICE DELIVERY FOR NUTRITION

### Overarching commitment for Member States

As part of national health plans and UHC roadmaps, fully integrate priority actions and interventions to prevent and treat malnutrition in all its forms, including WHO's Essential Nutrition Actions and the World Bank's Essential UHC and Highest-Priority Package lists of interventions involving nutrition, into the package of quality essential health services to improve overall health and well-being for people across the life-course, with a focus on the most deprived and marginalized, tailored to the health needs of the population and country context.

**Rationale:** Mainstreaming nutrition in UHC is paramount to improving overall health outcomes, ensuring that all people have access to the services they need, when they need them.

### Proposed priority actions for governments to fulfil the overarching commitment

Life-course age group	Governments can commit to:
<b>Infancy</b>	<p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure the promotion, protection and support of breastfeeding from birth – through antenatal care, safe delivery care and postnatal care – aiming for all children to be exclusively breastfed for the first 6 months of life, and for breastfeeding to be continued until 2 years and beyond, as well as ensure that infants who are not breastfed receive timely, appropriate advice and support to meet nutrition needs and minimize risks.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will increase funding by XX% to raise breastfeeding rates from birth through two years.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will enact and enforce legislation covering all provisions of the Code of Marketing of Breast-milk Substitutes.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will enact legislation providing 18 weeks of maternity leave with 100% pay, covered by public funds, including provisions for the informal sector.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will integrate the Ten Steps to Successful Breastfeeding as the standard of care across all maternity care facilities, including providing breastmilk for newborns that do not breastfeed, are sick and/or vulnerable.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will provide counselling on Infant and Young Child Feeding (IYCF) by skilled health care practitioners at a minimum of 6 antenatal, perinatal and postpartum contact points.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will provide community programmes that support women in maintaining breastfeeding and overcoming challenges.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will monitor, track and report the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will include and track infant and young child feeding in emergency preparedness plans and response, based on the provisions of the WHA endorsed Operational Guidance on Infant and Young Child Feeding in Emergencies.</p>

<b>Childhood</b>	By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure all children under 12 years of age presenting to healthcare facilities receive appropriate growth, development and nutritional assessment and counselling with appropriate referral as needed to achieve full recuperation of healthy growth, as part of quality child care and for the integrated management of childhood illnesses.
<b>Adolescence</b>	By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that all adolescent girls receive adequate iron and folic acid through supplements or alternative forms.
<b>Adulthood</b>	By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that all pregnant women receive adequate iron and folic acid through supplements or alternative forms, through antenatal care services.
<b>Older persons</b>	By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that older persons have access to healthy diets in hospitals and care homes.
<b>All groups</b>	By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that health workers provide assessment of nutritional status, alongside promotive and preventative interventions, such as healthy diet counselling and hygiene promotion, to all individuals accessing health care services, customized to their needs, and referring when necessary.
<b>Context</b>	<b>Governments can commit to:</b>
<b>Emergencies</b>	<p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will include and track infant and young child feeding in emergency preparedness plans and response, based on the provisions of the WHA endorsed Operational Guidance on Infant and Young Child Feeding in Emergencies.</p> <p>By [TIME INDICATION], the Government of [INDICATE COUNTRY] will undertake and track emergency preparedness for food and nutrition actions at policy and programming levels to enable timely, appropriate health system response to emergencies.</p>
<b>Infectious diseases/specific conditions</b>	By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that patients affected by common infectious diseases, such as pneumonia, diarrhoea, malaria, HIV/AIDS and TB, are supported by adequate nutrition interventions, including appropriate nutrition counselling and hygiene promotion.

## Commitments for other stakeholders and international partners

### *United Nations organizations can commit to:*

- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will provide evidence-based guidance on effective nutrition interventions, define resource requirements and develop tools to support an integrated approach to service delivery, including integrated approaches.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will support governments' efforts to increase the effective coverage of proven nutrition interventions through an integrated approach to health system capacity strengthening, provision of inputs and operational research.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] have developed more streamlined ways of working to support acute malnutrition management.

### *Civil society organizations can commit to:*

- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will monitor gaps and bottlenecks of the delivery of nutrition services and communicate to government officials, including by citizen-led accountability mechanisms at local, sub-national and national level, feeding into national health reviews.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support governments' efforts to increase the effective coverage of proven nutrition interventions through an integrated approach to health system capacity strengthening, provision of inputs and operational research.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will begin to hold governments to account on delivering on nutrition, health and UHC commitments.

### *Funding and donor organizations can commit to:*

- By [TIME INDICATION], [INDICATE FUNDING AND DONOR ORGANIZATION] will support governments' efforts to increase the effective coverage of proven nutrition interventions through an integrated approach to health system capacity strengthening, provision of inputs and operational research.
- By [TIME INDICATION], [INDICATE FUNDING AND DONOR ORGANIZATION] will scale up and focus nutrition funding and programmes on strengthening the national health system, especially at primary health care level.
- By [TIME INDICATION], [INDICATE FUNDING AND DONOR ORGANIZATION] will align support behind national UHC plans and reforms, through flexible and long-term funding and technical support, including on strengthening governance and coordination that is essential to driving a multi-sectoral approach to achieve UHC.
- By [TIME INDICATION], [INDICATE FUNDING AND DONOR ORGANIZATION] will ensure that investments in health service delivery supports integrated, multi-sectoral approaches, and the effective delivery of the WHO's Essential Nutrition Actions.

### *Private sector organizations can commit to:*

- By [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will ensure that at least XX% of its health-related staff comply with the International Code of Marketing of Breastmilk Substitutes and refrain from inappropriate marketing of complementary foods.
- By [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will align behind government UHC plans and integrate the priority nutrition actions and interventions identified by the government in their essential package of services or basic insurance schemes, and make them universally available, with a focus on removing financial and access barriers for the most vulnerable.

## HEALTH WORKFORCE FOR NUTRITION

### *Overarching commitment for Member States*

Ensure that nutritionists, health workers and non-health workers whose work involves nutrition are properly trained on and supported in the integrated delivery of quality priority nutrition actions across the life-course, and that they receive integrated supportive supervision and mentoring that builds their capacity to deliver these interventions.

**Rationale:** The achievement and sustainability of national coverage of essential nutrition actions is constrained by lack of human resources with nutrition competence.<sup>1</sup> Ministries of health should have established workforce structures inclusive of nutrition experts at national and sub-national levels to assess local nutrition requirements, direct investments, mentor health and multi-sectoral professionals and oversee research. Additionally, health workers at all levels, public and private, need appropriate training, mentoring, supportive supervision and job aids to deliver quality nutrition actions in an integrated manner, providing holistic, patient-centred care. Because of the multi-sectoral nature of nutrition, strengthening training of health workers on nutrition should be accompanied by professionals across other sectors that involve nutrition acquiring basic nutrition competencies, including the agriculture, education, social protection, water and sanitation sectors. Given the impacts of gender inequality and other social determinants of health on malnutrition, particularly for women, children and high-risk populations, the nutrition health workforce – across all sectors – should acquire an understanding of those dynamics and ways to address them, such as the impacts of a disproportionate labour burden or social norms around who eats first or last.

**Goal:** Ensure that priority nutrition actions are consistently supported and delivered with quality through the health system, as well as in related sector activities, such as agriculture, WASH, social protection, gender and emergency response, in promotional, preventive and curative interventions that are gender-responsive.

<sup>1</sup> Delisle H, Shrimpton R, Blaney S, Du Plessis L, Atwood S, Sanders D, Margetts B. Capacity-building for a strong public health nutrition workforce in low-resource countries. Bulletin of the World Health Organization. 2017 May 1;95(5):385 (<https://www.who.int/bulletin/volumes/95/5/16-174912/en/>, accessed 14 October 2019).

## Proposed priority actions for governments to fulfil the overarching commitment

### Governments can commit to:

- By [TIME INDICATION], the Ministry of Health will ensure a minimum density of XX health and nutrition professionals per 100 000 population, and to provide continued supportive direction, supervision and mentoring to the health and multi-sector workforce (current global median is 2.3).<sup>1</sup>
- By [TIME INDICATION], the Ministry of Health will ensure a minimum density of XX health personnel trained to respond to nutrition challenges and implement nutrition-related interventions at each service delivery level.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will have XX% higher education institutions offering training in nutrition (current benchmark is 74%).
- By [TIME INDICATION], the Ministry of Health will ensure appropriate and contemporary essential nutrition action content in the pre-service, in-service and continuing professional development training curricula for XX% community health workers, nurses, midwives and doctors (current benchmark is 65% pre-service and 72% in-service).
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that each nutrition topic in their nutrition training curriculum for nutritionists and health workers (inclusive of acute malnutrition, adolescent nutrition, growth monitoring and promotion, and breastfeeding and complementary feeding) requires a minimum of XX hours training (current benchmark amongst 39 countries surveyed shows over 60% have <20 hours).
- By [TIME INDICATION], the Ministry of Health will ensure that health workers integrate nutrition assessment, counselling and services customized to the needs of patients into routine health care services.
- By [TIME INDICATION], the Ministry of Health will ensure a density of XX health professionals per 100 000 population to ensure provision of essential nutrition actions, nutritional information and nutrition literacy to avoid creating additional workload stress for the health workforce.
- By [TIME INDICATION], the Ministry of Health will ensure that all health professionals have the minimum standard equipment and supply with which to effectively manage all essential nutrition actions.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that Education, Agriculture, Water and Sanitation and Social Welfare professionals are trained in a minimum appropriate pre-service and in-service nutrition curriculum, have minimum nutrition competencies, and are integrating nutrition appropriately in their work.

## Commitments for other stakeholders and international partners

### United Nations organizations can commit to:

- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will develop standardized minimum, gender-responsive nutrition training requirements for nutritionists, health professionals and multi-sector non-health professionals.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will develop nutrition competency frameworks for nutritionists, health and multi-sector non-health professionals.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will provide standardized nutrition e-learning platforms accessible for nutrition, health and multi-sector professionals at all levels.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will assist accreditation of nutrition training institutions.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will periodically monitor achievement of nutrition workforce pledges/objectives.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will support countries to ensure that nutrition training curricula are regularly updated and in-line with the latest global recommendations.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will support the Ministry of Health to fully integrate counselling and support for all essential nutrition actions, including breastfeeding and appropriate complementary feeding, in all public health facilities in the country.

<sup>1</sup> The Manila Report recommends 100-500 at bachelor degree or license level qualifications, 10-50 at masters level and 5-25 at doctorate level, equating to a total range of 2.3 to 11.5 per 100 000.

#### **Civil society organizations can commit to:**

- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support nutrition, health and multi-sector non-health professional nutrition capacity building through provision of technical expertise in training, including face-to-face, virtual and blended learning channels.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support social accountability mechanisms for nutrition professional needs.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support integration of gender into professional nutrition capacity building/training.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will assist to monitor and evaluate the deployment of trained public health nutrition staff in all areas of the country, including the availability of trained/certified health providers in nutrition in all service delivery sites.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support community actions to promote, protect and support essential nutrition actions, including breastfeeding for 2 years and beyond, as well as appropriate complementary feeding.

#### **Funding and donor organizations can commit to:**

- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] is collaborating with governments to assess and address health and nutrition workforce gaps.
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] in collaboration with academic institutions, will sustainably fund nutrition training initiatives, such as development of systems of nutrition in education, and ensuring the training initiatives are not narrowly focused on curative responses.
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will support governments in rolling out XX nutrition training courses across the country, including processes for maintaining certification, as well as improving the supportive environment (logistics management, supportive supervision, etc.).
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will support the Ministry of Health and relevant government structures in XX countries to establish and operationalize a health workforce registry system to track nutrition health workforce stock, distribution, education and remuneration.
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will support the Ministry of Health and relevant government structures in XX countries to train all health and nutrition workforce and all other relevant staff, at all levels, in the country on the essential nutrition actions, including a gender-responsive perspective and according to the national policy.

#### **Private sector organizations can commit to:**

- By [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will ensure that their own health and nutrition-sensitive service-providing staff have minimum appropriate training in essential, gender-responsive nutrition actions.
- By [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will ensure that health providers employed by the private sector comply with national policy and use government approved training materials and certification processes including for the treatment of severe acute malnutrition, as well as counselling and support for breastfeeding an appropriate complementary feeding.

## HEALTH SYSTEMS FINANCING

### Overarching commitment for Member States

Ensure that nutrition is systematically and equitably included in health sector budgets as part of an integrated approach to UHC, with an emphasis on the inclusion of essential nutrition actions in the package of primary health care quality essential health services, accessible to all and with a focus on all forms of malnutrition.

**Rationale:** Achieving UHC is central to improving nutrition, and UHC cannot be achieved unless nutrition is fully integrated into health systems. In addition, UHC relies on a strong primary health care platform to achieve its goals, including reaching the World Health Organization Global Nutrition Targets by 2025 and the health-related SDG targets by 2030. Primary health care is the cornerstone of sustainable health systems and should be prioritized, with the integration of nutrition services, in order to reach the most vulnerable populations affected by all forms of malnutrition as part of making progress towards UHC. Nutrition – an integral component of health – should be on an equal footing with other priority areas of health. Ensuring that a continuum of cost-effective nutrition services (from preventive to curative) is well defined in the basic package of services and corresponding financing and provider payment mechanisms is therefore key to achieving UHC.

Achieving high-quality nutrition service delivery requires strengthening the building blocks and operational levers at all levels of the health care system, including leveraging payment and purchasing systems. Moving towards an integrated approach to UHC requires sustainable financing through domestic resource mobilization, risk pooling, and resource allocation and strategic purchasing mechanisms.

During the September 2019 United Nations General Assembly, the signatories to the UHC Political Declaration agreed to review public spending on UHC and increase it as necessary, noting the WHO's recommended target of an additional 1% of GDP or more, with a special emphasis on primary health care. Increased public spending with a focus on primary health care enables increased coverage and quality of health services, particularly in poor and remote areas. Increasing public spending on health by 1% of GDP or more is within reach for most countries at all income levels. In alignment with this call to action, nutrition actions should be systematically integrated into and financed through essential packages of quality health services.

### Proposed priority actions for governments to fulfil the overarching commitment

#### Governments can commit to:

- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will increase public spending on essential nutrition actions delivered as part of essential health services by XX % of the health budget US\$ XX million a year to accelerate progress towards UHC. *Countries could replace 'essential nutrition actions' with their own nationally determined interventions.*
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will conduct a systematic review of the integration of essential nutrition actions into UHC/PHC by [TIME INDICATION].
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will develop a plan to address gaps/missing essential nutrition actions in the package of essential health service by [TIME INDICATION].
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will put in place a mechanism to track resources allocated to essential nutrition actions integrated in the package of essential health services on an [ANNUAL/OTHER PERIODICITY] basis by [TIME INDICATION].
- By [TIME INDICATION], the Government of [NAME OF A COUNTRY] will clarify how actions designed to address overweight and obesity are costed in national nutrition plans and include funding to deliver these actions, ensuring that financing for undernutrition programmes is adequately balanced to reflect the double burden of malnutrition in the country and its regions.

## Commitments for other stakeholders

### United Nations organizations can commit to:

- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] commits to ensuring that 100% of their health financing to governments will include nutrition actions on an equal footing to other areas of health.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will support XX countries with an allocation of US\$ XX million by [TIME INDICATION] to carry out resource tracking of essential nutrition actions integrated in the package of essential health services.
- By [TIME INDICATION], 100% of [INDICATE UN ORGANIZATION(S)] programmes that include nutrition components will be delivered via an integrated approach through the health system rather than through stand-alone vertical approaches.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will ensure the enhancement of its economic models to incorporate impacts for undernutrition and overweight and obesity in the same population.

### Civil society organizations can commit to:

- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will advocate in XX countries for nutrition to be systematically and equitably included in health sector budgets as part of an integrated approach to UHC, with an emphasis on the inclusion of essential nutrition actions in the package of primary health care quality essential health services accessible to all and with a focus on all forms of malnutrition.
- By [TIME INDICATION], 100% of [INDICATE CIVIL SOCIETY ORGANIZATION(S)] programmes that include nutrition components will be delivered through an integrated approach through the health system rather than through stand-alone vertical approaches.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] commits to transparently track on an annual basis their funding for nutrition in the countries where they work, disaggregated by the World Health Assembly (WHA) target, including the share of WHO Essential Nutrition Actions integrated into essential health packages.
- [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will advocate for budget tracking and monitoring of integrated nutrition and health budget allocation and spending including disbursement at local level in XX countries by [TIME INDICATION].

### Funding and donor organizations can commit to:

- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] commits to ensuring that 100% of their health financing to governments will include nutrition actions on an equal footing to other areas of health.
- By [TIME INDICATION], 100% of [INDICATE FUNDING OR DONOR ORGANIZATION]'s new investments that include nutrition components will be delivered via an integrated approach through the health system rather than through stand-alone vertical approaches and will support the integration and delivery of essential nutrition actions as part of the package of essential health care services.

### Private sector organizations can commit to:

- [INDICATE PRIVATE ORGANIZATION(S)] commits to increased financing of US\$ XX million or XX% of US\$ XX million a year by [TIME INDICATION] to support the integration of essential nutrition actions into its health service delivery/commodities/other business model(s).



## ACCESS TO ESSENTIAL NUTRITION-RELATED HEALTH PRODUCTS THROUGH THE HEALTH SYSTEM

### ***Overarching commitment for Member States***

Ensure universal access to essential, quality-assured, effective, safe and affordable nutrition-related health products through the health system.

**Rationale:** Access to essential medicines, vaccines and health products is a core element of UHC. Many essential nutrition actions require access to nutrition-related health products which are commonly used in public health services and clinical settings to address all the different forms of malnutrition, and particularly to prevent and treat undernutrition, or micronutrient deficiencies. These products may include formulations such as ready-to-use therapeutic foods (RUTFs), therapeutic milks (F-75, F-100), iron-containing multiple-micronutrient powders, vitamin and mineral supplements, supplementary foods and fortified foods. Other nutrition-related health products may include priority medical devices, such as those to diagnose and monitor wasting, stunting, anaemia/ iron deficiency anaemia and other micronutrient deficiencies. Some nutrition-related health products may currently be part of the national essential medicines list and/or priority lists of products and medical devices.

Essential medicines and further nutrition-related health products used in disease prevention, diagnostic, treatment and management, and rehabilitation and palliative care services, may have relevance for nutrition-related conditions throughout the life-course and by country-specific context.

**Goal:** To improve the delivery of health services through universal access of quality, effective, safe and affordable nutrition-related health products within the national health system.

### **Proposed priority actions for governments to fulfil the overarching commitment**

#### **Governments can commit to:**

- By [TIME INDICATION], for the XX tracer- nutrition-related health products, the Government of [INDICATE COUNTRY] has ensured that availability rate is above 80% at the level of State health facilities.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] has set a target for an annual availability increase rate for XX tracer- nutrition-related health products, at the level of State health facilities.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] has set a target for an annual availability increase rate for ready-to-use therapeutic foods for the treatment of uncomplicated severe acute malnutrition in children aged 6 months or older, at the level of State health facilities.
- By [TIME INDICATION] and depending on the national context, the Ministry of Health has ensured that relevant nutrition-related health products are included in the national essential medicines lists and/or priority lists of products and local regulatory frameworks. These products may include ready-to-use therapeutic and supplementary foods, therapeutic milks (F-75, F-100), iron-containing multiple-micronutrient powders and vitamin and mineral supplements.
- By [TIME INDICATION], the Ministry of Health has ensured that relevant nutrition-related medical devices are included in the national priority lists of health products/devices (including diagnostics). These products can include those to diagnose and/or monitor wasting and stunting, such as weight and height measurements. Also, in vitro diagnostics devices, such as those to diagnose anaemia/iron deficiency anaemia.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] has ensured the proper functioning of the supply chain of nutrition-related health products to enable continuity of supply and prevent any stock out of products, anthropometric equipment and diagnostic devices, at each level of health facilities.

## Examples of commitments for other stakeholders and international partners

### United Nations organizations can commit to:

- From [TIME RANGE INDICATION], [INDICATE UN ORGANIZATION(S)] has delivered capacity building support, such as [X TIMES] knowledge platforms, networks, training workshops and support required by countries for ensuring functional value chains.
- From [TIME RANGE INDICATION], WHO has provided, on request, technical support for including nutrition-related health products in the WHO Model List of Essential Medicines (EML). The prioritization, local production, and subsequent access to medicines and health products at the country level is often guided by the EML.
- From [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] has provided technical assistance to [X NUMBER] of countries in both the adoption and adaptation of nutrition guidelines and for the implementation of effective nutrition actions. These actions may include the supply of safe, quality-assured nutrition-related health products.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] has established an indicator(s) for relevant countries to monitor the inclusion of nutrition-related health products in national essential medicines lists and/or priority lists of products and the adoption into local regulatory frameworks. This will allow assessment of the potential impact on access, availability and the correct use of nutrition-related health products.
- From [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] will engage with other UN agencies and international partners to advocate for the inclusion of nutrition-related health products in national essential medicines lists and/or priority lists of products where severe acute malnutrition and anaemia have a high prevalence, as a potential solution to improve access and availability to the population in need, at the request of member states.
- From [TIME INDICATION], UNICEF, WHO and FAO have provided technical and scientific advice to CODEX Alimentarius to the work on standards, principles and guidelines for nutrition-related health products, such as the guideline for ready-to-use therapeutic foods currently under development at the Codex Committee on Nutrition and Food for Special Dietary Uses.
- By [TIME INDICATION], [INDICATE UN ORGANIZATION(S)] has established an indicator(s) to monitor supply chain of nutrition-related products and as of [TIME INDICATION], will include nutrition-related products stockouts/gaps in global, regional and country reports.

### Civil society organizations can commit to:

- As of [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will start monitoring gaps/stock outs especially at grassroot level, including through citizen-led accountability mechanisms.
- From [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] has advocated for the adoption of international standards on nutrition-related health products at [X NUMBER] countries regulatory framework.
- As of [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] has delivered technical assistance to [X NUMBER] of countries to improve uniformity between global guidance and local context and resources.
- From [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] has assisted with forecasting and procurement of nutrition-related health products at global, regional or country level.

### Funding and donor organizations can commit to:

- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] has expanded research into innovative new approaches and funded research and projects on the development of affordable locally produced therapeutic foods, micronutrient supplements and other nutrition-related health products.
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] has increased [X%] funding of interventions for essential nutrition actions that include nutrition-related health products, such as fortifying staple foods and providing micronutrient supplements.

### Private sector organizations can commit to:

- From [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] has contributed to further improve access to and availability of nutrition-related health products by developing affordable locally produced solutions for diagnostics and supplies (anthropometric equipment, therapeutic foods, vitamin and mineral supplements).

## HEALTH INFORMATION SYSTEMS THAT INTEGRATE NUTRITION

### Overarching commitment for Member States

Ensure that health information systems track the coverage and quality of essential nutrition actions, the burden of malnutrition in different population groups, and the risk of nutrition emergencies – as well as ensuring local capacity to use this information effectively.

**Rationale:** Reliable information is the foundation of decision-making across the whole health system. Health information comes from many different sources, including surveys, health facility and programme data, and surveillance systems. Unfortunately, all too often nutrition data is de-prioritized and either not collected through these systems or used ineffectively. This is a false economy and a barrier to both taking effective action to eradicate malnutrition and achieving UHC.

Poor nutrition is the single largest driver of ill health and deaths, and health services to prevent and treat malnutrition are some of the most cost-effective actions to improve health outcomes – for example through reducing deaths from pneumonia, diarrhoea, and measles. However, if health planners do not know who is affected, why, and where they live, and if they do not know what the coverage and quality of services to prevent and treat malnutrition are, then they cannot plan, deliver, and strengthen these services effectively to improve health outcomes.

In addition, in countries at risk of nutrition emergencies decision-makers frequently do not have access to effective early warning systems to enable them to effectively prepare for and respond to nutrition emergencies. Where nutrition data are collected and used, it is often through parallel or fragmented systems that mean that decision-makers are unable to use these data effectively.

Integrating nutrition into health information systems therefore underpins the overarching goal of mainstreaming nutrition into UHC. This should always be proportionate, taking into account the burden of data collection and analysis, particularly on front-line health workers. It is important to also recognise that information is of little value if it is not in a format that meets the needs of users, from policy-makers and planners to health service providers and communities. Accordingly, it is critical to also ensure that local capacity is in place to use this information effectively.

**Goal:** Health information systems support service delivery that integrates essential nutrition actions.

### Proposed priority actions for governments to fulfil the overarching commitment

#### Governments can commit to:

- From [TIME INDICATION] onwards, the Government of [INDICATE COUNTRY] will ensure that the core indicators for the WHO Global Monitoring Framework on Maternal, Infant, and Young Child Nutrition are monitored through household surveys at least every three years, disaggregated by age group, sex, income quintile, education level, disability, and sub-region; *and if no DHS or MICS survey is planned for a three year period, the government will conduct a National Nutrition Survey to fill this gap.*
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure the collection and reporting of coverage data for all priority nutrition actions in the national package of essential health services, disaggregated by age group, sex, income quintile, education level, disability and sub-region, through household surveys, facility surveys, and administrative systems as appropriate.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure the collection and reporting on quality of care and service availability and readiness for all essential nutrition actions in the national package of essential health services, through household surveys, facility surveys, and administrative systems as appropriate.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure the inclusion of routine nutrition data in early warning systems, disaggregated by age, sex, and geographical area, to support emergency preparedness, resilience and response to nutrition emergencies.

#### **Governments can commit to:**

- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that the nutrition data related to the burden of malnutrition and the coverage and quality of health services to prevent and treat malnutrition are linked to a broader cross-sectoral nutrition information system, providing a holistic view of malnutrition that spans the role of the health system as well as the food system and diets and other determinants of malnutrition.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will build the capacity of those responsible for collecting, analysing, communicating, and using health data to ensure they understand the importance of integrating nutrition into health information systems and are supported to do so.

### **Commitments for other stakeholders and international partners**

#### **United Nations organizations can commit to:**

- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will [jointly] develop comprehensive guidance on nutrition indicators, data collection methodologies and tools to support countries in all contexts to integrate nutrition into their health information systems.
- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will update all existing guidance relating to health information systems to ensure they promote an integrated approach, with a proportionate inclusion of nutrition indicators.
- Over [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will provide US\$ XX million of technical assistance to governments to take a proportionate approach to integrating nutrition into their health information systems, including early warning systems, and to link their health information systems to broader cross-sectoral nutrition information systems.
- From [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will ensure that all technical assistance to governments to strengthen health information systems supports an integrated approach, with a proportionate inclusion of nutrition indicators.
- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will fully transition to using integrated government-led and owned health information systems for nutrition programming where possible, rather than parallel and duplicative systems that contribute to fragmentation.

#### **Civil society organizations can commit to:**

- Over [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will provide US\$ XX million for technical assistance to governments to take a proportionate approach to integrating nutrition into their health information systems, including early warning systems, and to link their health information systems to broader cross-sectoral nutrition information systems.
- From [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will ensure all technical assistance to governments to strengthen health information systems supports an integrated approach, with a proportionate inclusion of nutrition indicators.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will fully transition to using integrated government-led and owned health information systems for nutrition programming where possible, rather than parallel and duplicative systems that contribute to fragmentation.
- From [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will [jointly] hold governmental and non-governmental actors to account for their commitments to fund, strengthen, and use government-led health information systems that take an integrated approach, with a proportionate inclusion of nutrition indicators.

#### **Funding and donor organizations can commit to:**

- Over [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will invest US\$ XX million to fund technical assistance to governments to take a proportionate approach to integrating nutrition into their health information systems, including early warning systems, and to link their health information systems to broader cross-sectoral nutrition information systems.
- From [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will ensure that all funding for technical assistance to governments to strengthen health information systems supports an integrated approach, with a proportionate inclusion of nutrition indicators.
- Over [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will invest US\$ XX million to fund research and innovations testing to improve measurement, data collection, visualization and use of data in health information systems to support over time for an integrated approach, with a proportionate inclusion of nutrition indicators.
- Over [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will ensure that all investments in health information systems, including financial assistance, supports an integrated approach, with a proportionate inclusion of nutrition indicators.

#### **Private sector organizations can commit to:**

- Over [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will provide US\$ XX million of technical assistance to governments to take a proportionate approach to integrating nutrition into their health information systems, including early warning systems, and to link their health information systems to broader cross-sectoral nutrition information systems.
- By [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will ensure all technical assistance to governments to strengthen health information systems supports an integrated approach, with a proportionate inclusion of nutrition indicators.
- By [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will fully transition to using integrated government-led and owned health information systems for nutrition programming where possible, rather than parallel and duplicative systems that contribute to fragmentation.
- From [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] when developing new and innovative approaches to health information systems, [ORGANIZATION] will ensure that they support an integrated approach, with a proportionate inclusion of nutrition indicators.
- From [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will support government and civil society efforts to make data accessible and data systems interoperable to support an integrated approach to health information systems, with a proportionate inclusion of nutrition indicators.

## **LEADERSHIP AND GOVERNANCE FOR NUTRITION**

### ***Overarching commitment for Member States***

Integrate nutrition actions into the package of essential health services as part of national health plans and UHC roadmaps and ensure these are aligned with national multisectoral nutrition plans as part of a 'health in all policies' approach with nutrition at the heart of it.

**Rationale:** UHC aims to assure and progressively increase the delivery of certain health services and products at a (continuously decreasing) subsidized fee, or free of charge, to the entire population. Therefore, a package of essential health services underlying national health plans needs to be identified and requires funding, adequate capacity and support of health workers to deliver these services, a supply chain that ensures the availability of health products and a health information system that tracks its delivery. It is critical that this package of essential nutrition actions meets people's health needs are integrated into national health plans and UHC roadmaps if countries are to make progress towards UHC.

Improving nutritional outcomes also requires action across other sectors, including food and agriculture, education, finance, trade, and water and sanitation among others. This implies integrating nutrition objectives into sectoral policies and programmes as well as legal frameworks contributing to coherent multisectoral nutrition plans. Given this complex challenge, it is essential that relevant stakeholders coordinate their actions across sectors and, where appropriate, through national and, where appropriate, sub-national mechanisms. This, in turn, depends on effective governance systems, with inclusiveness, transparency, equity and accountability as key principles.

**Goal:** To improve nutrition outcomes through health sector leadership and governance that supports the integration of nutrition actions in health systems, multisectoral plans and policies and coordination.

### Proposed priority actions for governments to fulfil the overarching commitment

#### Governments can commit to:

- By [TIME INDICATION], the Government of [INDICATE COUNTRY] commits to integrate all relevant nutrition actions into the package of essential health services.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that all relevant nutrition actions included in the package of essential health services are costed and included in the health budget.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] commits to ensuring that the national health plan and UHC roadmap and the national multi-sectoral nutrition plan are fully aligned.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] will annually monitor progress toward their commitments to ensure nutrition as part of UHC and allocates adequate resources to monitor progress/performance and accountability at all levels of the health system, including through national health reviews involving all relevant stakeholders such as health workers, civil society and affected communities.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] has established and operationalized a multisectoral and multi-stakeholder governance and coordination mechanism for improving nutrition with robust safeguards against conflict of interest in place.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] has commissioned a governmental institution to map all existing national data systems that include food and nutrition indicators to identify challenges and gaps for informed and effective policy-making.
- By [TIME INDICATION], the Government of [INDICATE COUNTRY] has assessed the potential harm of existing nutrition actions and redesigned programmes and policies with a focus on double duty actions to prevent or reduce the risk of both undernutrition leading to nutritional deficiencies, underweight, wasting, stunting and/or micronutrition deficiencies, and overnutrition leading to overweight, obesity and/or diet-related NCDs.
- By [TIME INDICATION], the [DESIGNATED GOVERNMENT STRUCTURE] has strengthened regulatory and legislative frameworks for the achievement of UHC, including by enacting legislations that ensure access to health services, products and vaccines and assure the quality and safety of services, products and practice of health workers.

### Commitments for other stakeholders and international partners

#### United Nations organizations can commit to:

- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will develop standardized minimum, gender-responsive nutrition training requirements for nutritionists, health professionals and multi-sector non-health professionals.
- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will develop nutrition competency frameworks for nutritionists, health and multi-sector non-health professionals.
- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will provide standardized nutrition e-learning platforms accessible for nutrition, health and multi-sector professionals at all levels.
- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will assist accreditation of nutrition training institutions.

- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will periodically monitor achievement of nutrition workforce pledges/objectives.
- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will support countries to ensure that nutrition training curricula are regularly updated and in-line with the latest global recommendations.
- By [TIME INDICATION], [INDICATE UNITED NATIONS ORGANIZATION(S)] will support the Ministry of Health to fully integrate counselling and support for all essential nutrition actions, including breastfeeding and appropriate complementary feeding, in all public health facilities in the country.

#### **Civil society organizations can commit to:**

- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support nutrition, health and multi-sector non-health professional nutrition capacity building through provision of technical expertise in training, including face-to-face, virtual and blended learning channels.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support social accountability mechanisms for nutrition professional needs.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support integration of gender into professional nutrition capacity building/training.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will assist to monitor and evaluate the deployment of trained public health nutrition staff in all areas of the country, including the availability of trained/certified health providers in nutrition in all service delivery sites.
- By [TIME INDICATION], [INDICATE CIVIL SOCIETY ORGANIZATION(S)] will support community actions to promote, protect and support essential nutrition actions, including breastfeeding for 2 years and beyond, as well as appropriate complementary feeding.

#### **Funding and donor organizations can commit to:**

- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] is collaborating with governments to assess and address health and nutrition workforce gaps.
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION], in collaboration with academic institutions, will sustainably fund nutrition training initiatives, such as development of systems of nutrition in education, and ensuring the training initiatives are not narrowly focused on curative responses.
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will support governments in rolling out XX nutrition training courses across the country, including processes for maintaining certification, as well as improving the supportive environment (logistics management, supportive supervision, etc.).
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will support the Ministry of Health and relevant government structures in XX countries to establish and operationalize a health workforce registry system to track nutrition health workforce stock, distribution, education and remuneration.
- By [TIME INDICATION], [INDICATE FUNDING OR DONOR ORGANIZATION] will support the Ministry of Health and relevant government structures in XX countries to train all health and nutrition workforce and all other relevant staff, at all levels, in the country on the essential nutrition actions, including a gender-responsive perspective and according to the national policy.

#### **Private sector organizations can commit to:**

- By [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will ensure that their own health and nutrition-sensitive service-providing staff have minimum appropriate training in essential, gender-responsive nutrition actions.
- By [TIME INDICATION], [INDICATE PRIVATE ORGANIZATION(S)] will ensure that health providers employed by the private sector comply with national policy and use government approved training materials and certification processes including for the treatment of undernutrition, as well as counselling and support for breastfeeding and appropriate complementary feeding.



# AVAILABLE GUIDANCE FOR THE COMMITMENTS

## HEALTH SERVICE DELIVERY FOR NUTRITION

**Overarching commitment:** *As part of national health plans and UHC roadmaps, fully integrate actions and interventions to prevent and treat malnutrition in all its forms, including WHO's Essential Nutrition Actions and the World Bank's Essential UHC and Highest-Priority Package lists of interventions involving nutrition, into the package of quality essential health services to improve overall health and well-being for people across the life-course, with a focus on the most deprived and marginalized, tailored to the health needs of the population and country context.*

### Priority action 1

By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure the promotion, protection and support of breastfeeding from birth – through antenatal care, safe delivery care and postnatal care – aiming for all children to be exclusively breastfed for the first 6 months of life, and for breastfeeding to be continued until 2 years and beyond, as well as ensure that infants who are not breastfed receive timely, appropriate advice and support to meet nutrition needs and minimize risks.

WHO ENAs featured in example essential health package for the proposed priority action:	Indicator(s) exist(s):
✓ Optimal timing of umbilical cord clamping	Yes
✓ Support early initiation, establishment and maintenance of breastfeeding and immediate skin-to-skin contact	Yes
✓ Optimize newborn feeding practices and address additional care needs of infants	Yes
✓ Create an enabling environment for breastfeeding in health facilities	Yes
✓ Enable exclusive breastfeeding for the first 6 months of life	Yes
✓ Enable continued breastfeeding	Yes
✓ Counsel women to improve breastfeeding practices	Yes
❑ Optimal feeding of low-birth-weight and very low-birth-weight infants	No
❑ Enable kangaroo mother care for low-birth-weight infants	No
✓ Enable feeding of appropriate complementary foods	Yes

### Guidance:

- Global Breastfeeding Collective. Global Breastfeeding Scorecard, 2018: Enabling Women to Breastfeed through Better Policies and Programmes. New York, Geneva: UNICEF, WHO.
- Global database on exclusive breastfeeding. UNICEF; n.d. (<https://www.unicefnutridash.org/login>, accessed 30 April 2020).
- Global database on the Implementation of Nutrition Action (GINA). World Health Organization; 2020 ([www.who.int/nutrition/gina/en/](http://www.who.int/nutrition/gina/en/), accessed 31 October 2019).
- Global nutrition policy review 2016-2017. Country progress in creating enabling policy environments for promoting healthy diets and nutrition. Geneva: World Health Organization; 2018 ([https://www.who.int/nutrition/publications/policies/global\\_nut\\_policyreview\\_2016-2017/en/](https://www.who.int/nutrition/publications/policies/global_nut_policyreview_2016-2017/en/), accessed 4 February 2020).
- Guideline: counselling of women to improve breastfeeding practices. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf?ua=1>, accessed 30 October 2019).



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- Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf?sequence=1>, accessed 30 October 2019).
  - Guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries. Geneva: World Health Organization; 2011 ([https://www.who.int/maternal\\_child\\_adolescent/documents/9789241548366.pdf?ua=1](https://www.who.int/maternal_child_adolescent/documents/9789241548366.pdf?ua=1), accessed 30 October 2019).
  - Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272943/9789241513807-eng.pdf?ua=1>, accessed 30 October 2019).
  - International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization; 1981 (<https://apps.who.int/iris/bitstream/handle/10665/40382/9241541601.pdf?sequence=1>, accessed 30 October 2019).
  - Kangaroo mother care: a practical guide. Geneva: World Health Organization; 2003 ([https://www.who.int/reproductivehealth/publications/maternal\\_perinatal\\_health/9241590351/en/](https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/9241590351/en/), accessed 30 October 2019).
  - Standards for improving quality of maternal and newborn care in health facilities. Geneva: World Health Organization; 2016 ([https://www.who.int/maternal\\_child\\_adolescent/documents/improving-maternal-newborn-care-quality/en/](https://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/), accessed 4 February 2020).
  - Standards for improving the quality of care for children and young adolescents in health facilities. Geneva: World Health Organization; 2018 ([https://www.who.int/maternal\\_child\\_adolescent/documents/quality-standards-child-adolescent/en/](https://www.who.int/maternal_child_adolescent/documents/quality-standards-child-adolescent/en/), accessed 4 February 2020).
  - The International Code of Marketing of Breast-milk Substitutes. Frequently asked questions, 2017 update. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/254911/WHO-NMH-NHD-17.1-eng.pdf?ua=1>, accessed 30 October 2019).
  - The optimal duration of exclusive breastfeeding. Report of an expert consultation, Geneva, Switzerland, 28–30 March 2001. Geneva: World Health Organization; 2001 (WHO/NHD/01.09; WHO/FCH/CAH/01.24; [https://apps.who.int/iris/bitstream/handle/10665/67219/WHO\\_NHD\\_01.09.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/67219/WHO_NHD_01.09.pdf?ua=1), accessed 30 October 2019).
  - Programming guide: Infant and young child feeding. Nutrition Section Programmes. New York: UNICEF; 2011 ([https://www.unicef.org/nutrition/files/Final\\_IYCF\\_programming\\_guide\\_2011.pdf](https://www.unicef.org/nutrition/files/Final_IYCF_programming_guide_2011.pdf), accessed 30 October 2019).
  - UNICEF. NutriDash 2.0; n.d. (<https://www.unicefnutridash.org/login>, accessed 30 April 2020).
  - Walters D, Eberwein J, Sullivan L, Shekar M. Reaching the global target for breastfeeding. In: Shekar M, Kakietek J, Walters D, Dayton, Eberwein J. (eds.) An investment framework for nutrition: Reaching the global targets for stunting, anemia, breastfeeding, and wasting. Directions in Development—Human Development. Washington D.C: World Bank Group; 2017.
  - WHO recommendations on interventions to improve preterm birth outcomes. Geneva: World Health Organization; 2015 ([https://apps.who.int/iris/bitstream/handle/10665/183037/9789241508988\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/183037/9789241508988_eng.pdf?sequence=1), accessed 30 October 2019).
  - WHO recommendations on postnatal care of the mother and newborn. Geneva: World Health Organization; 2013 ([https://apps.who.int/iris/bitstream/handle/10665/97603/9789241506649\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/97603/9789241506649_eng.pdf?sequence=1), accessed 30 October 2019).
  - World breastfeeding trends. The World Breastfeeding Trends Initiative (WBTi); n.d. (<https://www.worldbreastfeedingtrends.org/>, accessed 30 April 2020).
  - World Health Organization, United Nations Children's Fund. Acceptable medical reasons for use of breastmilk substitutes. Geneva: World Health Organization; 2009 (WHO/NMH/NHD/09.01; WHO/FCH/CAH/09.01; [https://apps.who.int/iris/bitstream/handle/10665/69938/WHO\\_FCH\\_CAH\\_09.01\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/69938/WHO_FCH_CAH_09.01_eng.pdf?ua=1), accessed 30 October 2019).
  - World Health Organization, United Nations Children's Fund. Baby-Friendly Hospital Initiative: revised, updated and expanded for integrated care. Geneva: World Health Organization; 2009 ([https://www.who.int/nutrition/publications/infantfeeding/bfhi\\_trainingcourse/en/](https://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse/en/), accessed 30 October 2019).
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## Priority action 2

By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure all children under 12 years of age presenting to healthcare facilities receive appropriate growth, development and nutritional assessment and counselling with appropriate referral as needed to achieve full recuperation of healthy growth, as part of quality child care and for the integrated management of childhood illnesses.

WHO ENAs featured in example essential health package for the proposed priority action:	Indicator(s) exist(s):
<input checked="" type="checkbox"/> Enable feeding of appropriate complementary foods	Yes
<input checked="" type="checkbox"/> Identify infants under 6 months of age with severe acute malnutrition (undernutrition)	Yes
<input type="checkbox"/> Inpatient management of infants under 6 months of age with severe acute malnutrition (undernutrition)	Yes
<input type="checkbox"/> Outpatient management of infants under 6 months of age with severe acute malnutrition (undernutrition)	No
<input checked="" type="checkbox"/> Weight and height or length assessments for children under 5 years of age	Yes
<input checked="" type="checkbox"/> Nutrition counselling for children under 5 years of age	Yes
<input type="checkbox"/> Develop a management plan for overweight children under 5 years of age presenting to primary health-care facilities	No
<input checked="" type="checkbox"/> Identify infants and children aged 6–59 months with severe acute malnutrition (undernutrition)	Yes
<input type="checkbox"/> Inpatient management of infants and children aged 6–59 months with severe acute malnutrition (undernutrition)	Yes
<input type="checkbox"/> Outpatient management of infants and children aged 6–59 months with severe acute malnutrition (undernutrition)	Yes
<input type="checkbox"/> Provision of iron-containing micronutrient powders for point-of-use fortification of foods for infants and young children aged 6–23 months	No
<input type="checkbox"/> Provision of iron-containing micronutrient powders for point-of-use fortification of foods for children aged 2–12 years	No
<input type="checkbox"/> Daily iron supplementation for infants and young children aged 6–23 months	No
<input type="checkbox"/> Daily iron supplementation for children aged 2–12 years	No
<input type="checkbox"/> Intermittent iron supplementation for children aged 2–12 years	No
<input type="checkbox"/> High-dose vitamin A supplementation for infants and children aged 6–59 months	Yes
<input type="checkbox"/> Iodine supplementation (or iodine-fortified complementary food) for infants and young children aged 6–23 months	No
<input type="checkbox"/> Zinc supplementation with increased fluids and continued feeding and feeding with other nutritious foods for management of diarrhoea in children	Yes <sup>1</sup>

### Guidance:

- Ending preventable child deaths from pneumonia and diarrhea by 2025. The Integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD). Geneva: World Health Organization/The United Nations Children's Fund; 2013 ([https://apps.who.int/iris/bitstream/handle/10665/79200/9789241505239\\_eng.pdf;jsessionid=342A1A224BAB99DCFACCAD5F941388DF?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/79200/9789241505239_eng.pdf;jsessionid=342A1A224BAB99DCFACCAD5F941388DF?sequence=1), accessed 30 October 2019).
- Guideline. Assessing and managing children at primary health care facilities to prevent overweight and obesity in the context of the double burden of malnutrition. Updates for the Integrated Management of Children Illness (IMCI). Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259133/9789241550123-eng.pdf>, accessed 30 October 2019).

<sup>1</sup> Proportion of children under five years old with diarrhea receiving oral rehydration salts and Zinc.

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- Guideline: updates on the management of severe acute malnutrition in infants and children. Geneva: World Health Organization; 2013 ([https://apps.who.int/iris/bitstream/handle/10665/95584/9789241506328\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/95584/9789241506328_eng.pdf?ua=1), accessed 30 October 2019).
  - Guideline: daily iron supplementation in infants and children. Geneva: World Health Organization; 2016 ([https://apps.who.int/iris/bitstream/handle/10665/204712/9789241549523\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/204712/9789241549523_eng.pdf?sequence=1), accessed 30 October 2019).
  - Guideline: Intermittent iron supplementation in preschool and school-age children. Geneva: World Health Organization; 2011 ([https://apps.who.int/iris/bitstream/handle/10665/44648/9789241502009\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44648/9789241502009_eng.pdf?sequence=1), accessed 30 October 2019).
  - Guideline: vitamin A supplementation for infants and children 6–59 months of age. Geneva: World Health Organization; 2011 ([https://apps.who.int/iris/bitstream/handle/10665/44664/9789241501767\\_eng.pdf;jsessionid=8588A6A1ABE288A2F7F3E5047E71E1D6?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44664/9789241501767_eng.pdf;jsessionid=8588A6A1ABE288A2F7F3E5047E71E1D6?sequence=1), accessed 30 October 2019).
  - Guiding principles for feeding non-breastfed children 6–24 months of age. Geneva: World Health Organization; 2005 (<https://apps.who.int/iris/bitstream/handle/10665/43281/9241593431.pdf?sequence=1>, accessed 30 October 2019).
  - IMAI district clinician manual: hospital care for adolescents and adults. Guidelines for the management of common illnesses with limited resources. Geneva: World Health Organization; 2011 (<https://www.who.int/hiv/pub/imai/imai2011/en/>, accessed 30 October 2019).
  - Joint statement by the World Health Organization and the United Nations Children's Fund. Reaching optimal iodine nutrition in pregnant and lactating women and young children. Geneva: World Health Organization; 2007 ([https://www.who.int/nutrition/publications/micronutrients/WHOStatement\\_IDD\\_pregnancy.pdf](https://www.who.int/nutrition/publications/micronutrients/WHOStatement_IDD_pregnancy.pdf), accessed 30 October 2019).
  - Pan American Health Organization, World Health Organization. Guiding principles for complementary feeding of the breastfed child. Washington (DC): Pan American Health Organization; 2003 ([https://www.who.int/nutrition/publications/guiding\\_principles\\_compfeeding\\_breastfed.pdf](https://www.who.int/nutrition/publications/guiding_principles_compfeeding_breastfed.pdf), accessed 30 October 2019).
  - Pocketbook of hospital care for children. Guidelines for the management of common children illnesses, 2nd ed. Geneva: World Health Organization; 2013 ([https://apps.who.int/iris/bitstream/handle/10665/81170/9789241548373\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/81170/9789241548373_eng.pdf?sequence=1), accessed 30 October 2019).
  - Technical note: supplementary foods for the management of moderate acute malnutrition in infants and children 6–59 months of age. Geneva: World Health Organization; 2012 ([https://apps.who.int/iris/bitstream/handle/10665/75836/9789241504423\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/75836/9789241504423_eng.pdf?sequence=1), accessed 30 October 2019).
  - WHO child growth standards and the identification of severe acute malnutrition in infants and children. A joint statement by the World Health Organization and United Nations Children's Fund. Geneva: World Health Organization; 2009 ([https://apps.who.int/iris/bitstream/handle/10665/44129/9789241598163\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/44129/9789241598163_eng.pdf?ua=1), accessed 30 October 2019).
  - WHO guideline: use of multiple micronutrient powders for point-of-use fortification of foods consumed by infants and young children aged 6–23 months and children aged 2–12 years. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/bitstream/handle/10665/252540/9789241549943-eng.pdf?ua=1>, accessed 7 May 2019).
  - WHO Management of severe malnutrition: a manual for physicians and other senior health workers. Geneva: World Health Organization; 1999 (<https://apps.who.int/iris/bitstream/handle/10665/41999/a57361.pdf?sequence=1>, accessed 30 October 2019).
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### Priority action 3

By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that all adolescent girls receive adequate iron and folic acid through supplements or alternative forms.

WHO ENAs featured in example essential health package for the proposed priority action:	Indicator(s) exist(s):
<input type="checkbox"/> Intermittent iron and folic acid supplementation for menstruating non-pregnant adolescent girls	No
<input type="checkbox"/> Daily iron supplementation for menstruating non-pregnant adolescent girls	No

#### Guidance:

- Guideline: daily iron supplementation in adult women and adolescent girls. Geneva: World Health Organization; 2016 ([https://apps.who.int/iris/bitstream/handle/10665/204761/9789241510196\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/204761/9789241510196_eng.pdf?sequence=1), accessed 30 October 2019).
- Guideline: implementing effective actions for improving adolescent nutrition. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/260297/9789241513708-eng.pdf?sequence=1>, accessed 30 October 2019).
- Guideline: intermittent iron and folic acid supplementation in menstruating women. Geneva: World Health Organization; 2011 ([https://apps.who.int/iris/bitstream/handle/10665/44649/9789241502023\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/44649/9789241502023_eng.pdf), accessed 30 October 2019).
- Weekly iron and folic acid supplementation as an anaemia-prevention strategy in women and adolescent girls: lessons learnt from implementation of programmes among nonpregnant women of reproductive age. Geneva: World Health Organization; 2018 (WHO/NMH/NHD/18.8). Licence: CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/bitstream/handle/10665/274581/WHO-NMH-NHD-18.8-eng.pdf?ua=1> accessed 30 October 2019).

### Priority action 4

By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that all pregnant women receive adequate iron and folic acid through supplements or alternative forms, through antenatal care services.

WHO ENAs featured in example essential health package for the proposed priority action:	Indicator(s) exist(s):
<input checked="" type="checkbox"/> Daily iron and folic acid supplementation for pregnant women	Yes
<input type="checkbox"/> Intermittent iron and folic acid supplementation for pregnant women	Yes

#### Guidance:

- WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1>, accessed 30 October 2019).

### Priority action 5

By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that older persons have access to healthy diets in hospitals and care homes.

WHO ENAs featured in example essential health package for the proposed priority action:	Indicator(s) exist(s):
<input type="checkbox"/> Oral supplemental nutrition with dietary advice for older people affected by undernutrition	No

#### Guidance:

- Integrated care for older people. Guidelines on community-level interventions to manage declines in intrinsic capacity. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/258981/9789241550109-eng.pdf?sequence=1>, accessed 30 October 2019).

## Priority action 6

By [TIME INDICATION], the Government of [INDICATE COUNTRY] will undertake and track emergency preparedness at policy and programming levels to enable timely, appropriate health system response to emergencies.

WHO ENAs featured in example essential health package for the proposed priority action:	Indicator(s) exist(s):
<input type="checkbox"/> Optimal infant and young child feeding in emergencies	Yes
<input type="checkbox"/> Appropriate complementary foods and multiple micronutrient supplementation for infants and children affected by an emergency	Yes
<input type="checkbox"/> Nutritional support and micronutrient supplementation for pregnant women affected by an emergency	Yes

### Guidance:

- Food and nutrition needs in emergencies. Geneva: World Health Organization; 2004 (<https://apps.who.int/iris/bitstream/handle/10665/68660/a83743.pdf?ua=1>, accessed 30 October 2019).
- Guidance on ending inappropriate promotion of foods for infants and young children: implementation manual. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/260137/9789241513470-eng.pdf>, accessed 30 October 2019).
- Guiding principles for feeding infants and young children during emergencies. Geneva: World Health Organization; 2004 (<https://apps.who.int/iris/bitstream/handle/10665/42710/9241546069.pdf?ua=1>, accessed 30 October 2019).
- HIV and infant feeding in emergencies: operational guidance. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272862/9789241550321-eng.pdf?ua=1>, accessed 30 October 2019).
- Infant and young child feeding in emergencies. Operational guidance for emergency relief staff and programme managers. Developed by the IFE Core group. Version 3.0. Geneva: World Health Organization; 2017 ([https://www.enonline.net/attachments/2671/Ops-G\\_2017\\_WEB.pdf](https://www.enonline.net/attachments/2671/Ops-G_2017_WEB.pdf), accessed 30 October 2019).
- Joint statement by the World Health Organization, the World Food Programme and the United Nations Children's Fund. Preventing and controlling micronutrient deficiencies in populations affected by an emergency. Geneva: World Health Organization; 2007 ([https://www.who.int/nutrition/publications/micronutrients/WHO\\_WFP\\_UNICEFstatement.pdf?ua=1](https://www.who.int/nutrition/publications/micronutrients/WHO_WFP_UNICEFstatement.pdf?ua=1), accessed 30 October 2019).

## Priority action 7

By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that patients affected by common infectious diseases, such as pneumonia, diarrhoea, malaria, HIV/AIDS and TB, are supported by adequate nutrition interventions, including appropriate nutrition counselling and hygiene promotion.

WHO ENAs featured in example essential health package for the proposed priority action:	Indicator(s) exist(s):
<input type="checkbox"/> Ensure optimal infant and young child feeding in the context of HIV	No
<input type="checkbox"/> Nutritional care for infants and children aged 6 months to 14 years living with HIV	No
<input type="checkbox"/> Nutritional assessment and counselling for persons with active tuberculosis	Yes
<input type="checkbox"/> Nutritional assessment, counselling and management for pregnant women with active tuberculosis	No
<input type="checkbox"/> Nutritional assessment, counselling, and management for persons with active tuberculosis and moderate undernutrition	No
<input type="checkbox"/> Nutritional assessment, counselling and management for persons with active tuberculosis and severe undernutrition	No
<input type="checkbox"/> Ensure optimal infant feeding of infants of mothers infected with tuberculosis	No

### Guidance:

- Division of Child Health and Development. Update. Breastfeeding and maternal tuberculosis. A statement prepared jointly by the Division of Child Health and Development, the Global Tuberculosis Programme, the Global Programme for Vaccines and Immunization and Reproductive Health (Technical Support) of the World Health Organization. Geneva: World Health Organization; 1998 ([https://www.who.int/maternal\\_child\\_adolescent/documents/pdfs/breastfeeding\\_and\\_maternal\\_tb.pdf](https://www.who.int/maternal_child_adolescent/documents/pdfs/breastfeeding_and_maternal_tb.pdf), accessed 12 May 2019).
- Global strategy for infant and young child feeding. Geneva: World Health Organization; 2003 (<https://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf?sequence=1>, accessed 12 May 2019).
- Guidance for national tuberculosis programmes on the management of tuberculosis in children, 2nd ed. Geneva: World Health Organization; 2014 ([https://apps.who.int/iris/bitstream/handle/10665/112360/9789241548748\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/112360/9789241548748_eng.pdf?sequence=1), accessed 12 May 2019).
- Guideline. Updates on HIV and infant feeding. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/bitstream/handle/10665/246260/9789241549707-eng.pdf?sequence=1>, accessed 30 October 2019).
- Guideline. Updates on the management of severe acute malnutrition in infants and children. Geneva: World Health Organization; 2013 ([https://apps.who.int/iris/bitstream/handle/10665/95584/9789241506328\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/95584/9789241506328_eng.pdf?ua=1), accessed 30 October 2019).
- Guideline: nutritional care and support for patients with tuberculosis. Geneva: World Health Organization; 2013 ([https://apps.who.int/iris/bitstream/handle/10665/94836/9789241506410\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/94836/9789241506410_eng.pdf?sequence=1), accessed 12 May 2019).
- Guidelines for an integrated approach to the nutritional care of HIV-infected children (6 months – 14 years). Geneva: World Health Organization; 2009 (<https://apps.who.int/iris/handle/10665/44043>, accessed 12 May 2019).
- HIV and infant feeding in emergencies: operational guidance. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272862/9789241550321-eng.pdf?ua=1>, accessed 30 October 2019).
- International Code of Marketing and Breast-milk Substitutes. Geneva: World Health Organization; 1981 (<https://apps.who.int/iris/bitstream/handle/10665/40382/9241541601.pdf?sequence=1>, accessed 30 October 2019).
- WHO child growth standards and the identification of severe acute malnutrition in infants and children. A joint statement by the World Health Organization and United Nations Children's Fund. Geneva: World Health Organization; 2009 ([https://apps.who.int/iris/bitstream/handle/10665/44129/9789241598163\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/44129/9789241598163_eng.pdf?ua=1), accessed 30 October 2019).
- WHO guidelines on HIV and infant feeding 2010. An updated framework for priority action. Geneva: World Health Organization; 2012 ([https://apps.who.int/iris/bitstream/handle/10665/75152/FWC\\_MCA\\_12.1\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/75152/FWC_MCA_12.1_eng.pdf?sequence=1), accessed 12 May 2019).



## Priority action 8

By [TIME INDICATION], the Government of [INDICATE COUNTRY] will ensure that health workers provide assessment of nutritional status, alongside promotive and preventative interventions, such as healthy diet counselling and hygiene promotion, to all individuals accessing health care services, customized to their needs, referring when necessary.

WHO ENAs featured in example essential health package for the proposed priority action:	Indicator(s) exist(s):
✓ Nutrition counselling as part of routine health care for all groups, including high-risk groups	Yes
✓ Create a healthy food environment that enables people to adopt and maintain healthy dietary practices	Yes
✓ Universal salt iodization	Yes
☐ Fortification of maize flour and corn meal with vitamins and minerals	Yes
☐ Fortification of rice with vitamins and minerals	Yes
☐ Fortification of wheat flour with vitamins and minerals	Yes

### Guidance:

- DHS Program. Demographic and Health Surveys Meeting emerging nutrition data needs in DHS-8 (<https://blog.dhsprogram.com/category/questionnaire/dhs-8-questionnaire/>, accessed 4 February 2020).
- Diet, nutrition and the prevention of chronic diseases. Report of a joint WHO/FAO expert consultation. Geneva: World Health Organization; 2003 (WHO Technical Report Series No 916; [https://apps.who.int/iris/bitstream/handle/10665/42665/WHO\\_TRS\\_916.pdf](https://apps.who.int/iris/bitstream/handle/10665/42665/WHO_TRS_916.pdf), accessed 30 October 2019).
- Global Database on the Implementation of Nutrition Action (GINA). World Health Organization; 2020 (<https://www.who.int/nutrition/gina/en/>, accessed 4 February 2020).
- Global nutrition policy review 2016-2017. Country progress in creating enabling policy environments for promoting healthy diets and nutrition. Geneva: World Health Organization; 2018 ([https://www.who.int/nutrition/publications/policies/global\\_nut\\_policyreview\\_2016-2017/en/](https://www.who.int/nutrition/publications/policies/global_nut_policyreview_2016-2017/en/), accessed 4 February 2020).
- Guideline: potassium intake for adults and children. Geneva: World Health Organization; 2012 (reprinted 2014) ([https://apps.who.int/iris/bitstream/handle/10665/77986/9789241504829\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/77986/9789241504829_eng.pdf?sequence=1), accessed 30 October 2019).
- Guideline: sodium intake for adults and children. Geneva: World Health Organization; 2012 (reprinted 2014) ([https://apps.who.int/iris/bitstream/handle/10665/77985/9789241504836\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/77985/9789241504836_eng.pdf?sequence=1), accessed 30 October 2019).
- Guideline: sugars intake for adults and children. Geneva: World Health Organization; 2015 ([https://apps.who.int/iris/bitstream/handle/10665/149782/9789241549028\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/149782/9789241549028_eng.pdf?sequence=1), accessed 30 October 2019).
- Healthy diet. Geneva: World Health Organization; 2018 (Fact sheet no. 394); <https://www.who.int/who-documents-detail/healthy-diet-factsheet394>, accessed 30 October 2019).
- Human energy requirements. Report of a joint FAO/WHO/UNU expert consultation. Rome, 17–24 October 2001. Rome: Food and Agriculture Organization of the United Nations; 2002 (FAO Food and Nutrition Report Series 1; <http://www.fao.org/3/a-y5686e.pdf>, accessed 30 October 2019).
- Noncommunicable Diseases Progress Monitor. Geneva: World Health Organization; 2017 (<https://www.who.int/nmh/publications/ncd-progress-monitor-2017/en/>, accessed 4 February 2020).
- Protein and amino acid requirements in human nutrition. Report of a joint WHO/FAO/UNU expert consultation. Geneva: World Health Organization; 2002 (WHO Technical Report Series No 935; [https://apps.who.int/iris/bitstream/handle/10665/43411/WHO\\_TRS\\_935\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/43411/WHO_TRS_935_eng.pdf?ua=1), accessed 30 October 2019).
- Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: World Health Organization; 2010 ([https://apps.who.int/iris/bitstream/handle/10665/44416/9789241500210\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44416/9789241500210_eng.pdf?sequence=1), accessed 14 May 2019).
- Vitamin and mineral requirements in human nutrition, 2nd ed. Report of a joint WHO/FAO expert consultation, Bangkok, Thailand, 21–30 September 1998. Geneva: World Health Organization and Food and Agriculture Organization of the United Nations; 2004 (<https://apps.who.int/iris/bitstream/handle/10665/42716/9241546123.pdf?ua=1>, accessed 30 October 2019).

## HEALTH WORKFORCE FOR NUTRITION

**Overarching commitment:** *Ensure that nutritionists, health workers and non-health workers whose work involves nutrition are properly trained on and supported in the integrated delivery of essential nutrition actions across the life-course, and that they receive integrated supportive supervision and mentoring that builds their capacity to deliver these interventions.*

Proposed priority actions:	Indicator exists
By [TIME INDICATION], the Ministry of Health will ensure a minimum density of XX health and nutrition professionals per 100 000 population, and to provide continued supportive direction, supervision and mentoring to the health and multi-sector workforce (current global median is 2.3).	Yes
By [TIME INDICATION], the Ministry of Health will ensure a minimum density of XX health personnel trained to respond to nutrition challenges and implement nutrition-related interventions at each service delivery level.	Yes
By [TIME INDICATION], the Ministry of Health will ensure that health workers integrate nutrition assessment, counselling and services customized to the needs of patients into routine health care services.	Yes

### Guidance:

- Delisle H, Shrimpton R, Blaney S, Du Plessis L, Atwood S, Sanders D, Margetts B. Capacity-building for a strong public health nutrition workforce in low-resource countries. Bulletin of the World Health Organization. 2017 May 1;95(5):385 (<https://www.who.int/bulletin/volumes/95/5/16-174912/en/> , accessed 14 October 2019).
- Global Nutrition Monitoring Framework: operational guidance for tracking progress in meeting targets for 2025. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.
- Training. Harvard Law School Food Law and Policy Clinic. 2019 Doctoring Our Diet: Policy Tools to Include Nutrition in U.S. Medical Training. 2019 ([https://www.chlpi.org/wp-content/uploads/2013/12/Doctoring-Our-Diet\\_-September-2019-V2.pdf](https://www.chlpi.org/wp-content/uploads/2013/12/Doctoring-Our-Diet_-September-2019-V2.pdf), accessed 20 October 2019).
- National health workforce accounts: a handbook. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO (<http://apps.who.int/iris/bitstream/10665/259360/1/9789241513111-eng.pdf>, accessed 31 October 2019).
- Options for the classification of health occupations in the updated International Standard Classification of Occupations (ISCO-08). Background paper for the work to update ISCO-08. Geneva, International Labour Organization, 2006.
- WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/bitstream/handle/10665/275474/9789241550369-eng.pdf?ua=1>, accessed 30 October 2019).
- WHO. Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1>, accessed 31 October 2019).



## HEALTH SYSTEMS FINANCING

**Overarching commitment:** *Ensure that nutrition is systematically and equitably included in health sector budgets as part of an integrated approach to UHC, with an emphasis on integration into primary health care.*

Proposed commitments for action	Indicator(s) exist(s)
By [TIME INDICATION], the Government of [NAME OF A COUNTRY] will increase public spending on essential nutrition actions delivered as part of essential health services by XX% of the health budget US\$ XX million a year to accelerate progress towards UHC. <i>Countries could replace 'essential nutrition actions' with their own nationally determined interventions.</i>	Verifiable <sup>1</sup>
By [TIME INDICATION], [NAME OF ORGANIZATION] will ensure the enhancement of its economic models to incorporate impacts for undernutrition and overweight and obesity in the same population.	Verifiable

### Guidance:

- D'Alimonte M., Thacher E., LeMier R. and Clift J., 2018. Tracking aid for the WHA nutrition targets: Global spending in 2015 and a roadmap to better data. R4D. ([www.r4d.org/wp-content/uploads/R4D-tracking-aid-to-WHAnutrition-targets-April-2018\\_final.pdf](http://www.r4d.org/wp-content/uploads/R4D-tracking-aid-to-WHAnutrition-targets-April-2018_final.pdf), accessed 28 April 2020).
- Global Health Expenditure Database. World Health Organization, Geneva; 2014. (<https://apps.who.int/nha/database/Select/Indicators/en> accessed, accessed 30 April 2020).
- Kutzin J., Witter S., Jowett M., Bayarsaikhan D. Developing a national health financing strategy: a reference guide. Geneva: World Health Organization; 2017. (Health Financing Guidance No 3) Licence: CC BY-NC-SA 3.0 IGO.
- McIntyre D., Kutzin J. Health financing country diagnostic: a foundation for national strategy development. Geneva: World Health Organization; 2016 (Health Financing Guidance No. 1). Licence: CC BY-NC-SA 3.0 IGO.
- One Health Tool. Avenir Health; 2020. (<https://www.avenirhealth.org/software-onehealth.php>, accessed 30 April 2020).
- R4D, 2016. Tracking Nutrition Financing in Rajasthan. (<http://www.r4d.org/wp-content/uploads/Rajasthan-Nutrition-Financing-Report-2015-2016.pdf>, accessed 28 April 2020).
- Shekar M, Kakietek J, Eberwein JD, Walters D. An investment framework for nutrition: reaching the global targets for stunting, anemia, breastfeeding, and wasting. Directions in development. Washington (DC): World Bank; 2017 (<https://openknowledge.worldbank.org/handle/10986/26069>, accessed 30 August 2019).
- Resolution WHA64.9. WHO reform. In: Sixty-fourth World Health Assembly, Geneva, 16–24 May 2011. Sustainable health financing structures and universal coverage. Geneva: World Health Organization, 2011:9 (WHA64/2011/REC/9 <http://apps.who.int/medicinedocs/documents/s21474en/s21474en.pdf>, accessed 27 November 2017).

<sup>1</sup> When « verifiable » is mentioned, this means that this action can easily be checked not necessarily by measuring an indicator but by means of checking reports, lists.

## ACCESS TO ESSENTIAL NUTRITION-RELATED HEALTH PRODUCTS THROUGH THE HEALTH SYSTEM

**Overarching commitment:** *Ensure universal access to essential, quality-assured, effective, safe and affordable nutrition-related health products through the health system.*

Proposed priority actions:	Indicator exists
By [TIME INDICATION] and depending on the context, the Ministry of Health has ensured that relevant nutrition-related health products are included in the national essential medicines lists and/or priority lists of products and local regulatory frameworks. These products may include ready-to-use therapeutic and supplementary foods, therapeutic milks (F-75, F-100), iron-containing multiple-micronutrient powders and vitamin and mineral supplements.	Verifiable
<b>Guidance:</b>	
<ul style="list-style-type: none"><li>• WHO Model List of Essential Medicines, 21st List, 2019. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO (<a href="https://apps.who.int/iris/bitstream/handle/10665/325771/WHO-MVP-EMP-IAU-2019.06-eng.pdf?ua=1">https://apps.who.int/iris/bitstream/handle/10665/325771/WHO-MVP-EMP-IAU-2019.06-eng.pdf?ua=1</a>, accessed 30 October 2019).</li><li>• WHO Model List of Essential Medicines for Children, 7th List, 2019. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO (<a href="https://apps.who.int/iris/bitstream/handle/10665/325772/WHO-MVP-EMP-IAU-2019.07-eng.pdf?ua=1">https://apps.who.int/iris/bitstream/handle/10665/325772/WHO-MVP-EMP-IAU-2019.07-eng.pdf?ua=1</a>, accessed 30 October 2019).</li></ul>	

## HEALTH INFORMATION SYSTEMS THAT INTEGRATE NUTRITION

**Overarching commitment:** *Ensure that health information systems track the coverage and quality of essential nutrition actions, the burden of malnutrition in different population groups, and the risk of nutrition emergencies – as well as ensuring local capacity to use this information effectively.*

Proposed priority actions:	Indicator exists
From [TIME INDICATION] onwards, the Government of [INDICATE COUNTRY] will ensure that the core indicators for the WHO Global Monitoring Framework on Maternal, Infant, and Young Child Nutrition are monitored through household surveys at least every three years, disaggregated by age group, sex, income quintile, education level, disability, and sub-region; and if no DHS or MICS survey is planned for a three year period, the government will conduct a National Nutrition Survey to fill this gap.	Yes
By [TIME], [MULTILATERAL ORGANIZATIONS] will [jointly] develop comprehensive guidance on nutrition indicators, data collection methodologies and tools to support countries in all contexts to integrate nutrition into their health information systems.	No

### Guidance:

- Food Fortification Initiative; 2019 (<http://www.ffnetwork.org/index.html>, accessed 30 April 2020).
- Global database on the Implementation of Nutrition Action (GINA). (<https://extranet.who.int/nutrition/gina/en>, accessed 30 October 2019).
- Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025. Geneva: World Health Organization and UNICEF; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259904/9789241513609-eng.pdf?sequence=1>, accessed 30 April, 2020).
- Global Reference List of 100 Core Health Indicators (plus health-related SDGs). Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/259951/WHO-HIS-IER-GPM-2018.1-eng.pdf?sequence=1>, accessed 30 April 2020).
- Recommendations for data collection, analysis and reporting on anthropometric indicators in children under 5 years old. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2019. Licence: CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/bitstream/handle/10665/324791/9789241515559-eng.pdf?ua=1>, accessed 30 October 2019).
- The DHS program nutrition newsletter Action Against Hunger. CMAM Coverage Monitoring. n.d. (<https://www.coverage-monitoring.org/>, accessed 30 April 2020).
- WHO. Nutrition Landscape Information System (NLIS), 2019 [<https://www.who.int/nutrition/nlis/en/> accessed 30 October 2019] Nutrition Landscape Information System (NLIS). Results of a user survey. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/bitstream/handle/10665/328980/WHO-NMH-NHD-19.10-eng.pdf?ua=1>, accessed 30 October 2019).
- WHO. Regional Office for the Eastern Mediterranean Food and nutrition surveillance systems: technical guide for the development of a food and nutrition surveillance system for countries in the Eastern Mediterranean Region. World Health Organization. 2013 ([http://applications.emro.who.int/dsaf/EMROPUB\\_2013\\_EN\\_1576.pdf](http://applications.emro.who.int/dsaf/EMROPUB_2013_EN_1576.pdf), accessed 30 October 2019).

## LEADERSHIP AND GOVERNANCE FOR NUTRITION

**Overarching commitment:** *Integrate nutrition actions into the package of essential health services as part of national health plans and UHC roadmaps and ensure these are aligned with national multisectoral nutrition plans as part of a 'health in all policies' approach with nutrition at the heart of it.*

Proposed priority actions:	Indicator exists
By [TIME INDICATION], the [DESIGNATED GOVERNMENT STRUCTURE] has strengthened regulatory and legislative frameworks for the achievement of UHC, including by enacting legislations that ensure access to health services, products and vaccines and assure the quality and safety of services, products and practice of health workers.	Verifiable
By [TIME INDICATION], the government regularly annually monitors progress toward their commitments made to ensure nutrition as part of UHC and allocates adequate resources to monitor progress/ performance and accountability at all levels of the health system, including through national health reviews involving all relevant stakeholders such as health workers, civil society and affected communities.	Verifiable
By [TIME INDICATION], the government has established and operationalized a multisectoral and multi-stakeholder governance and coordination mechanism for improving nutrition with robust safeguards against abuse and conflict of interest in place.	Verifiable
By [TIME INDICATION], the [NAME OF THE COMPANY] is providing quality verifiable data to the national health information system.	Yes
By [TIME INDICATION], the [INDICATE CIVIL SOCIETY ORGANIZATION(S)] have contributed to raise adolescents' and adults' awareness about and demand for quality nutrition services delivered through Primary Health Care by XX% from the baseline of [YEAR].	No

### Guidance:

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# HEALTH SERVICE DELIVERY RATIONALES FOR PRIORITY ACTIONS

<b>Proposed priority action:</b>	Ensure the promotion, protection and support of breastfeeding from birth, aiming for all children to be exclusively breastfed for the first 6 months of life, and for breastfeeding to be continued until 2 years and beyond. Ensure infants who are not breastfed receive timely, appropriate advice and support to meet nutrition needs and minimize risks.
<b>Rationale for commitment:</b>	<p>Being one of the most cost-effective public health measures, investment in breastfeeding support, promotion and protection is good economics as breast milk incomparably contributes to an adequate and healthy diet for infants and young children and the enjoyment of the highest attainable standard of health, as recognized in the Convention on the Rights of the Child.<sup>1</sup></p> <p>Incorporating into law and enforcing the Code addresses a major barrier to improving breastfeeding rates. Code violations hinder health services' ability to successfully implement WHO ten steps to breastfeeding and the Baby Friendly Hospital Initiative, as vehicles for establishing successful early, exclusive and continued breastfeeding. Evidence from India suggests that violations are far fewer when the Code is enshrined in law and enforcement is effective.<sup>2</sup></p> <p>Breastfeeding is also beneficial to the health of women: they have a lower risk of maternal morbidity and mortality, as well as lower rates of breast cancer before menopause and potentially lower risks of ovarian cancer, osteoporosis and coronary heart disease. Improved breastfeeding practices could prevent 823 000 annual deaths in children under five years of age and 20 000 annual deaths in women caused by breast cancer.</p>
<b>Proposed priority action:</b>	Ensure all children under five years of age presenting to healthcare facilities receive appropriate growth, development, and nutritional assessment and counselling with appropriate referral as needed to achieve full recuperation of healthy growth, as part of quality child care and for the integrated management of childhood illnesses.
<b>Rationale for commitment:</b>	The double burden of malnutrition—where undernutrition (including stunting, wasting and micronutrient deficiencies), overweight and obesity and diet-related NCDs exist simultaneously in the same individual, household, community and country—need to be reliably prevented, identified and managed through public health approaches.

<sup>1</sup> World Health Organization. Strengthening nutrition action: A resource guide for countries based on the policy recommendations of the Second International Conference on Nutrition. Food & Agriculture Org., 2019.

<sup>2</sup> Access to Nutrition Index, India, BMS 2016, [https://www.access tonutrition.org/sites/in16.atnindex.org/files/resources/india\\_bms\\_chapter.pdf](https://www.access tonutrition.org/sites/in16.atnindex.org/files/resources/india_bms_chapter.pdf).

<b>Proposed priority action:</b>	Ensure that all adolescent girls receive adequate iron and folic acid through supplements or alternative forms.
<b>Rationale for commitment:</b>	<p>Iron-deficiency anaemia in adolescent girls is a concerning problem. Adolescence is a period of great sensitivity to nutrition; however, globally, a scarcity of attention is given to the nutritional outcomes of adolescents. Investing in adolescent nutrition has a triple return: for adolescent health now, for adult health later, and for the health of future generations.</p> <p>To succeed in school, maximize work productivity and have their own healthy children in the future, adolescents must have access to adequate nutrition and healthy diets.</p> <p>Only by prioritizing critical actions to address the women and girls who are currently left behind can we accelerate progress toward SDG 2.2 and at the same time contribute to many of the SDGs.</p>
<b>Proposed priority action:</b>	Ensure that all pregnant women receive adequate iron and folic acid through supplements or alternative forms, through antenatal care services.
<b>Rationale for commitment:</b>	More than 30% of women of reproductive age are anaemic and roughly half of these cases are estimated to be due to iron deficiency. Because of their iron losses due to menstruation, parasites, malaria, other infectious diseases and typically low iron content of their diets, adult women of reproductive age and especially pregnant women are at particular risk of iron deficiency anaemia.
<b>Proposed priority action:</b>	Ensure that older persons have access to healthy diets in hospitals and care homes.
<b>Rationale for commitment:</b>	Globally, life expectancy has been increasing and was 73 years in 2017, however healthy life expectancy was only 63 years. This implies that on average 10 years of life were spent in poor health. Aging is accompanied by physiological changes that can have a negative impact on nutritional status and intrinsic capacity – a combination of the individual's physical and mental, including psychological, capacities. Older people who are affected by undernutrition and vitamin and mineral deficiencies are more vulnerable to infections and are at increased risk of poor health, including the development of sarcopenia and osteoporosis. The global average of ten years of unhealthy life represents enormous costs and pressure on countries health systems.
<b>Proposed priority action:</b>	Integrate disaster and emergency nutrition response into relevant policies and programmes.
<b>Rationale for commitment:</b>	Between 1994 and 2013 more than 185 000 health and education facilities were either damaged or destroyed worldwide by climate-related disasters only, 85% occurred in low-and lower-middle-income countries. Damage to health facilities, whether caused by conflict or nature, disrupts the provision of health services that are especially critical during and after disasters, challenges UHC, and leads to compromised health.

<b>Proposed priority action:</b>	Ensure that patients affected by TB and HIV are supported by adequate nutrition interventions, including appropriate nutrition counselling.
<b>Rationale for commitment:</b>	Infection and malnutrition are intrinsically linked. Malnutrition increases susceptibility to infection, while infections also contribute to malnutrition, creating a vicious cycle. An adequate diet, containing all essential macro- and micronutrients, is necessary for the well-being and health of all people, including those with infections such as TB infection or TB disease and HIV. With regards to mothers living with infections such as HIV, national or subnational health authorities should decide whether health services will principally counsel to either breastfeed and use medication or avoid all breastfeeding.
<b>Proposed priority action:</b>	Ensure that health workers provide assessment of nutritional status, alongside promotive and preventative interventions, such as healthy diet counselling and hygiene promotion, to all individuals accessing health care services, customized to their needs, referring when necessary.
<b>Rationale for commitment:</b>	Health promotion empowers people to have better control over their health and its determinants through improved health literacy and healthy behaviours. Poor dietary habits and sedentary lifestyles—including excessive consumption of meat, consumption of foods high in fat, sugar, and/or salt, and inadequate consumption of a variety of foods, including whole grains, legumes, nuts, fruits and vegetables—are a leading risk factor contributing to malnutrition in all its forms, including undernutrition, inadequate vitamins or minerals, overweight, obesity and resulting diet-related NCDs. These illnesses are now among the primary causes of premature death not only in high-income countries but also in low- and middle-income countries. Their socio-economic impact is enormous, both in terms of health care costs and lost productivity. Along with broader food systems reform, empowering consumers to adopt and maintain healthy dietary practices is critical to reducing the prevalence of malnutrition in all its forms.



# FULL LIST OF WHO'S ESSENTIAL NUTRITION ACTIONS

## Key to symbols used

- ✓: interventions that are applicable in all settings
- ☐: interventions that may only be applicable in certain settings or for certain subgroups
- ✗: interventions that are not recommended

Actions	Interventions	Check
<b>MULTISECTORAL INTERVENTIONS FOR HEALTHIER POPULATIONS</b>		
<b>Healthy diet</b>		
	Create a healthy food environment that enables people to adopt and maintain healthy dietary practices	✓
<b>Fortification of condiments and staple foods with micronutrients</b>		
	Universal salt iodization	✓
	Fortification of maize flour and corn meal with vitamins and minerals	☐
	Fortification of rice with vitamins and minerals	☐
	Fortification of wheat flour with vitamins and minerals	☐
<b>NUTRITION THROUGH THE LIFE-COURSE</b>		
<b>Infants</b>		
<b>Optimal timing of umbilical cord clamping</b>		
	Optimal timing of umbilical cord clamping	✓
<b>Protecting, promoting and supporting breastfeeding</b>		
	Support early initiation, establishment and maintenance of breastfeeding and immediate skin-to-skin contact	✓
	Optimize newborn feeding practices and address additional care needs of infants	✓
	Create an enabling environment for breastfeeding in health facilities	✓
	Enable exclusive breastfeeding for the first 6 months of life	✓
	Enable continued breastfeeding	✓
	Counsel women to improve breastfeeding practices	✓
<b>Care of low-birth-weight and very low-birth-weight infants</b>		
	Optimal feeding of low-birth-weight and very low-birth-weight infants	☐
	Enable kangaroo mother care for low-birth-weight infants	☐

<b>Assessment and management of wasting</b>		
Identify infants under 6 months of age with severe acute malnutrition (undernutrition)		✓
Inpatient management of infants under 6 months of age with severe acute malnutrition (undernutrition)		☐
Outpatient management of infants under 6 months of age with severe acute malnutrition (undernutrition)		☐
<b>Vitamin A supplementation for infants under 6 months of age</b>		
Neonatal vitamin A supplementation (i.e. supplementation within the first 28 days of life) is not recommended		✗
Vitamin A supplementation for infants aged 1–5 months is not recommended		✗
<b>Children</b>		
<b>Appropriate complementary feeding</b>		
Enable feeding of appropriate complementary foods		✓
<b>Growth monitoring and assessment</b>		
Weight and height or length assessments for children under 5 years of age		✓
Nutrition counselling for children under 5 years of age		✓
Develop a management plan for overweight children under 5 years of age presenting to primary health-care facilities		☐
<b>Assessment and management of wasting</b>		
Identify infants and children aged 6–59 months with severe acute malnutrition (undernutrition)		✓
Inpatient management of infants and children aged 6–59 months with severe acute malnutrition (undernutrition)		☐
Outpatient management of infants and children aged 6–59 months with severe acute malnutrition (undernutrition)		☐
Management of infants and children aged 6–59 months with moderate acute malnutrition (undernutrition)		☐
Routine provision of supplementary foods to infants and children with moderate wasting presenting to primary health-care facilities		☐
Provision of supplementary foods for treating stunting among infants and children who present to primary health-care facilities is not recommended		✗
<b>Iron-containing micronutrient supplementation</b>		
Provision of iron-containing micronutrient powders for point-of-use fortification of foods for infants and young children aged 6–23 months		☐
Provision of iron-containing micronutrient powders for point-of-use fortification of foods for children aged 2–12 years		☐
Daily iron supplementation for infants and young children aged 6–23 months		☐
Daily iron supplementation for children aged 2–12 years		☐
Intermittent iron supplementation for children aged 2–12 years		☐

<b>Vitamin A supplementation</b>		
	High-dose vitamin A supplementation for infants and children aged 6–59 months	<input type="checkbox"/>
<b>Iodine supplementation</b>		
	Iodine supplementation (or iodine-fortified complementary food) for infants and young children aged 6–23 months	<input type="checkbox"/>
<b>Zinc supplementation in the management of diarrhoea</b>		
	Zinc supplementation with increased fluids and continued feeding for management of diarrhoea in children	<input type="checkbox"/>
<b>Adolescents</b>		
<b>Iron-containing micronutrient supplementation</b>		
	Intermittent iron and folic acid supplementation for menstruating non-pregnant adolescent girls	<input type="checkbox"/>
	Daily iron supplementation for menstruating non-pregnant adolescent girls	<input type="checkbox"/>
<b>Adults</b>		
<b>Nutritional care of women during pregnancy and postpartum</b>		
	Nutritional counselling on healthy diet to reduce the risk of low birth weight	<input type="checkbox"/>
	Energy and protein dietary supplements for pregnant women in undernourished populations	<input type="checkbox"/>
	High-protein supplementation is not recommended for pregnant women in undernourished populations	X
	Daily iron and folic acid supplementation for pregnant women	✓
	Intermittent iron and folic acid supplementation for pregnant women	<input type="checkbox"/>
	Vitamin A supplementation for pregnant women	<input type="checkbox"/>
	Calcium supplementation for pregnant women to reduce the risk of pre-eclampsia	<input type="checkbox"/>
	Vitamin B6 (pyridoxine) supplementation is not recommended	X
	Vitamin C and E supplementation is not recommended	X
	Vitamin D supplementation is not recommended	X
	Routine use of multiple micronutrient powders during pregnancy is not recommended as an alternative to standard iron and folic acid supplementation	X
	Zinc supplementation is only recommended for pregnant women to improve maternal and perinatal outcomes	<input type="checkbox"/>
	Multiple micronutrient supplementation is not recommended for pregnant women to improve maternal and perinatal outcomes	X
	Multiple micronutrient supplements that contain iron and folic acid may be considered for maternal health	<input type="checkbox"/>
	Vitamin A supplementation for postpartum women is not recommended for the prevention of maternal and infant morbidity and mortality	X
	Oral iron supplementation, either alone or in combination with folic acid supplementation	<input type="checkbox"/>

<b>Iron-containing micronutrient supplementation</b>		
	Intermittent iron and folic acid supplementation for non-pregnant women (15–49 years)	<input type="checkbox"/>
	Daily iron supplementation for non-pregnant women (15–49 years)	<input type="checkbox"/>
<b>Iodine supplementation</b>		
	Iodine supplementation for non-pregnant women (15–49 years) and pregnant women	<input type="checkbox"/>
<b>Older persons</b>		
<b>Nutritional care for at-risk older persons</b>		
	Oral supplemental nutrition with dietary advice for older people affected by undernutrition	<input type="checkbox"/>
<b>Specific conditions</b>		
<b>Nutritional care for persons living with HIV</b>		
	Ensure optimal infant and young child feeding in the context of HIV	<input type="checkbox"/>
	Nutritional care for infants and children aged 6 months to 14 years living with HIV	<input type="checkbox"/>
	Vitamin A supplementation for pregnant women living with HIV is not recommended for reducing the risk of mother-to-child transmission of HIV	<b>X</b>
<b>Nutritional care for persons with tuberculosis</b>		
	Nutritional assessment and counselling for persons with active tuberculosis	<input type="checkbox"/>
	Nutritional assessment, counselling and management for pregnant women with active tuberculosis	<input type="checkbox"/>
	Nutritional assessment, counselling, and management for persons with active tuberculosis and moderate undernutrition	<input type="checkbox"/>
	Nutritional assessment, counselling and management for persons with active tuberculosis and severe undernutrition	<input type="checkbox"/>
	Ensure optimal infant feeding of infants of mothers infected with tuberculosis	<input type="checkbox"/>
<b>Preventive chemotherapy for the control of soil-transmitted helminth infection (deworming)</b>		
	Preventive deworming for children aged 12 months and older	<input type="checkbox"/>
	Preventive deworming for non-pregnant women (15–49 years)	<input type="checkbox"/>
	Preventive deworming for pregnant women after the first trimester	<input type="checkbox"/>
<b>Nutritional care for persons with Ebola virus disease</b>		
	Optimal feeding of infants of mothers with Ebola virus disease	<input type="checkbox"/>
	Feeding protocols for adults and children older than 6 months with Ebola virus disease	<input type="checkbox"/>
<b>Nutritional care for persons with viral haemorrhagic disease (including Ebola, Marburg, Lassa and Crimean -Congo haemorrhagic fever)</b>		
	Optimal feeding of infants of mothers with viral haemorrhagic diseases (including Ebola, Marburg, Lassa and Crimean-Congo haemorrhagic fever)	<input type="checkbox"/>
	Feeding protocols for adults and children older than 6 months with viral haemorrhagic disease (including Ebola, Marburg, Lassa and Crimean-Congo haemorrhagic fever)	<input type="checkbox"/>

<b>Nutritional care for infants in the context of Zika virus transmission</b>		
	Optimal infant feeding in areas of Zika virus transmission	☐
<b>Feeding of infants of mothers who are carriers of chronic hepatitis B</b>		
	Optimal feeding of infants of mothers who are carriers of chronic hepatitis B	☐
<b>Feeding of infants in settings with an ongoing pandemic of influenza A (H1N1) virus transmission</b>		
	Optimal infant feeding in areas of pandemic influenza A (H1N1) virus transmission	☐
<b>Vitamin A supplementation for infants and children with measles</b>		
	Vitamin A supplementation for infants and children with measles	☐
<b>NUTRITION IN EMERGENCIES<sup>1</sup></b>		
<b>Infant and young child feeding in emergencies</b>		
	Optimal infant and young child feeding in emergencies	☐
	Ensure appropriate complementary foods and multiple micronutrient supplementation for infants and children affected by an emergency	☐
<b>Preventing and controlling micronutrient deficiencies in emergencies</b>		
	Nutritional support and micronutrient supplementation for pregnant women affected by an emergency	☐

<sup>1</sup> The interventions presented in this section are not exhaustive and other nutrition actions through the life-course can be adapted as needed, to emergency settings.





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UNITED NATIONS DECADE OF  
**ACTION ON NUTRITION**



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