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JOINT FAO/WHO PROGRESS REPORT ON THE IMPLEMENTATION OF THE ICN WORLD DECLARATION AND PLAN OF ACTION FOR NUTRITION

Food and Agriculture Organization of the United Nations

WORLD HEALTH ORGANIZATION

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WORLD HEALTH ORGANIZATION
FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
Rome, 1996

Reprinted 1997

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I. INTRODUCTION

1. The joint initiative by FAO and WHO to convene the International Conference on Nutrition (ICN) was undertaken with the recognition that, notwithstanding the significant progress made worldwide in increasing food supplies and improving health and social services, hunger and malnutrition exist in some form in almost every country. At the time of the ICN, an estimated 800 million people were unable to obtain sufficient food to meet minimum energy needs, and over 192 million children were suffering from protein-energy malnutrition (PEM). Approximately 2 000 million were affected by various micronutrient deficiencies and many more people were suffering from diseases caused by contaminated food and water. In addition, chronic diet-related non-communicable diseases, such as obesity, cardiovascular diseases and some cancers, were emerging public health problems in most countries. Increasing public awareness of nutritional problems worldwide, promoting effective strategies and actions to address these problems, and encouraging the political commitment necessary to do so were primary purposes for holding the ICN.

2. When the Member Governments of FAO and WHO met in Rome in December 1992 for the ICN they declared hunger and malnutrition unacceptable in a world with both the knowledge and the resources to eliminate these devastating conditions. Each of the 159 participating countries and the EC re-affirmed their determination to ensure sustained nutritional well-being for all people and committed themselves to intensifying efforts to achieve this goal by unanimously adopting the World Declaration and Plan of Action for Nutrition. The participating UN agencies confirmed their dedication to support countries in these efforts and to give priority to their nutrition-related activities and programmes.

3. There is much evidence that the ICN has been successful in achieving its primary purposes. Countries overwhelmingly report a resurgence of interest, commitment and activities to improve the nutritional status of their populations. There is equally clear evidence that there is no room for complacency with the progress made to date; much remains to be achieved. Progress in improving food supplies and nutritional well-being continues to bypass many countries and population groups. Access to food remains a serious problem in many countries, even where there are adequate national food supplies. Some countries have even suffered setbacks in their already fragile food and nutrition conditions. In sub-Saharan Africa the situation shows continued deterioration and the prospects for significant improvement are low. Many countries, especially in Africa, continue to face dire food emergencies or highly unstable food supply situations. Furthermore, there are an estimated 16 million refugees and at least another 25 million internally displaced persons.

4. Furthermore, more than 30% of the world's under-five-year-old children are still malnourished in terms of underweight. Using the WHO Global Database on Child Growth, globally it is projected that the prevalence of protein-energy malnutrition in children aged under five years in developing countries will have progressively fallen from 42.6% in 1975 to 34.6% in 1995. However, in some regions this fall in percentage prevalence has not been as rapid as the rise in population. The result is that in some regions, such as Africa and South Asia, the actual number of malnourished children has risen. Thus, the absolute number of children worldwide who are underweight will have risen from 195 million in 1975 to an estimated 200 million in 1995, which means that more than one-third of the world's under-five population will still be malnourished. Clearly, the continued, concerted effort of all partners in development is required if the goals of the ICN are to be achieved.

5. The Plan of Action for Nutrition specifically calls for the organizing agencies to monitor and evaluate progress made in implementing the Plan. FAO and WHO, since the early preparatory phase of the ICN, have presented periodic reports to the FAO Conference, World Health Assembly, FAO Council, WHO Executive Board Meeting, the FAO and WHO Regional Conferences and Committee meetings, as well as other major FAO and WHO governing body meetings. For the preparation of this progress report all member governments and relevant agencies of the United Nations were invited to contribute a review and evaluation of their efforts to achieve the ICN goals, assessing in particular the impact that the entire ICN process is having on various policies, programmes and activities to improve nutritional well-being. The response from countries to this request has been strong, with over 140 countries and territories providing progress reports to FAO or WHO. This report is based on the information contributed by countries and on a review of the national plans which have been received by FAO and WHO to date.

II. THE RESPONSE TO THE GLOBAL CALL TO ACTION

2.1 Review of ICN Goals and Commitments

6. At the International Conference on Nutrition member governments pledged to work, in active cooperation with multilateral, bilateral and non-governmental organizations, the private sector, communities and individuals, to eliminate before the end of this decade:

- famine and famine-related deaths;
- starvation and nutritional deficiency diseases in communities affected by natural and manmade disasters;
- iodine and vitamin A deficiencies.

Governments also pledged to substantially reduce within the decade:

- starvation and widespread chronic hunger;
- undernutrition, especially among children, women and the aged;
- other important micronutrient deficiencies including iron;
- diet-related communicable and non-communicable diseases;
- social and other impediments to optimal breastfeeding;
- inadequate sanitation and poor hygiene, including unsafe drinking-water.

7. The ICN called upon governments to translate this global commitment into country level activities through development and implementation of national plans of action built on the principles and strategies enunciated in the World Declaration and Plan of Action for Nutrition. It was suggested that national plans be based on an analysis of the country situation and be representative of the needs of all people, with particular emphasis on the most vulnerable groups. Governments were urged to promote community-wide participation and establish coordinated intersectoral mechanisms to develop, implement and monitor execution of these plans, encouraging participation of all relevant ministries, local governments and communities, non-governmental and research organizations and the private sector.

8. The conference stressed that to turn plans into action, allocation and mobilization by government of adequate financial and human resources would be imperative. Recognizing that many countries were lacking needed capacity, it was recommended to give high priority to efforts aimed at strengthening human and institutional resources. The international community was called upon to provide, to the extent their mandates and resources allowed, increased technical and financial support for preparation and implementation of national plans of action. Development agencies were urged to strengthen collaborative mechanisms to fully participate at all levels in the achievement of the goals of the global Plan of Action.

2.2 Efforts to Turn Commitment into Action

Intersectoral consultation

9. A primary achievement of the International Conference on Nutrition has been the attainment of a global consensus on the extent, magnitude and causes of malnutrition and on various policies and strategies to bring about long-lasting improvements in nutrition. Apart from its function as an international forum, the conference has also given rise to a widespread mobilization of people at local, national and international levels, to raise awareness, generate ideas and initiate action from a wide range of perspectives to improve the nutritional well-being of all people. It has also provided a unique opportunity to tap on resources, both human and financial, available within various sectors and at several levels of society.

10. The global dialogue initiated at the ICN has become a framework for drawing country and regional action plans, with the ultimate aim of turning commitment into action. In order to arrive at coherent, transparent and, above all, realistic plans of action, many countries are using an intersectoral consultation process. This has often involved establishment of a multisectoral task force, lead by a line ministry, such as health, agriculture or planning, or by a research centre or university. Of those reporting to WHO, 101 countries and 1 territory indicated that they have established or institutionalized national intersectoral mechanisms to implement, monitor and evaluate their agreed policies and national plans of action for nutrition. Participants in this consultation process include government ministries and organizations, research institutions, universities, non-governmental organizations, development organizations and the private sector.

11. In many countries, national plans are prepared through a process of alternating sectoral and intersectoral consultations. In addition to establishment of a multisectoral task force, this frequently requires creation of ad-hoc sectoral or thematic working groups and organization of national workshops or seminars. In many countries, national seminars or workshops have been held to coordinate and consolidate the efforts of various government sectors as well as international agencies and nongovernmental organizations. Coordinating mechanisms among international agencies working to achieve nutritional well-being were reported by 77 countries; while collaboration is good in many countries, it needs to be strengthened in some. This approach is maximizing input from key sectors such as agriculture, health, trade and industries and strengthens linkages between those sectors. To maintain and strengthen intersectoral bonds, several countries are reinforcing or proposing to institutionalize their framework for development, implementation and follow-up of food and nutrition plans and programmes in order to continue dialogue on topical food and nutrition issues on a more permanent and formal basis.

12. In many countries such as Burkina Faso, Benin, Ecuador, Peru and Fiji, ICN follow-up is providing a unique opportunity for non-governmental organizations, academia and the private sector to participate in national planning. Their participation is enhancing community participation in national planning and enabling planners to adopt more need-oriented and target-group based approaches. Exchange of information and joint planning is reinforcing momentum of both public and private sector programmes. In some countries, increased people's participation is being pursued through development of district and local level plans of action often using local food and nutrition committees. In only a small minority of countries, development of a national plan has been a central planning exercise, with only minimal involvement of non-governmental organizations and the private sector. In general, participation of industry in preparation of national plans of action has been limited.

National plans of action and other mechanisms to achieve ICN goals

13. At present, 139 countries world-wide are preparing or have completed national plans of action for nutrition; 72 countries report having finalized a national plan, 26 are in the stage of revising a draft plan and 41 are still in a process of their preparation. In the last group, plan formulation has been hampered by various causes, including lack of local capacity, inadequate institutional arrangements, lack of resources or political turmoil (*see Table 1*).

14. In a number of countries (e.g. Kenya, the Philippines, Dominican Republic, Viet Nam, Zaire) national plans of action for nutrition are being adopted by the highest Government authorities and have become truly national plans. In other countries, plans are being adopted by one or several line ministries without further referral to higher political levels. Indonesia, for example, has made a conscious decision not to develop a national plan, but is rather addressing nutrition problems through other national development planning exercises. In several other countries such as Seychelles, Ireland, Singapore and France, where food supplies and access to food are considered to be generally adequate, nutrition is being addressed primarily through existing health plans. In these countries, national plans may still be needed to address problems of food insecurity among ethnic minorities and other vulnerable groups.

15. Many countries, in addition to preparing national plans of action for nutrition, are using other mechanisms to achieve ICN goals. These include existing national food and nutrition policies (e.g. Western Samoa, Chile, Mexico, Uganda, Solomon Islands), five-year development plans (e.g. Indonesia, Iran, Pakistan, Cambodia, Ghana, Namibia), national programmes of action for children (e.g. Lesotho, Mauritania, Uganda, China, Namibia) or a national hunger campaign such as the one in Brazil. However, despite the wide array of planning processes employed in developing countries, impact of existing programmes is often curtailed by lack of local capacity, resources and coordination. Countries report that insufficient awareness and understanding of nutrition problems among policy makers and planners is resulting in inadequate resource allocations to food and nutrition programmes and neglect of strengthening local capacity and intersectoral coordination.

16. Development of national plans relies heavily on information gathered and analyses made in the course of the ICN process. In particular, preparation of country papers and organization of national seminars have allowed planners in the formal and informal sectors to review existing food and nutrition programmes, assess their impact in the light of efforts

and investments made and re-prioritize issues and select appropriate strategies in the broadened nutrition context created by the ICN. Many countries propose to further develop and expand the information generated through the ICN and increase accessibility to potential users. As an immediate output, country reviews and analyses are resulting in increased recognition and understanding of the complementarity between various sectoral programmes. This is clearly reflected in the many national plans of action that consolidate sectoral efforts into comprehensive plans with increased visibility and leading to greater efficiency and impact. However, country experience shows that to turn national plans of action into useful programme guides, they need to be integrated at some stage in regular national and sectoral planning and budgeting cycles.

Increased commitment for activities to improve nutrition

17. The ICN continues to yield important levels of commitment to intensify efforts to protect and promote nutritional well-being. This is clearly reflected in the number of people being mobilized, the amount of time and resources spent and the level of technical and financial support provided by various ministries, institutions, agencies and non-governmental organizations. Seventy-two countries and 1 territory have indicated successful efforts made to allocate or mobilize additional financial and human resources as a result of the Declaration and Plan of Action. Of these, 49 countries and 1 territory have been able to mobilize these resources nationally, for example, by allocating additional funds for nutrition-related activities and/or creating a multisectoral food and nutrition task force; 56 countries and 1 territory reported that they had received financial and technical support from international agencies including WHO, UNICEF, FAO and the World Bank. In addition, 24 countries have reported success in obtaining additional resources from bilateral agencies.

18. Collaboration with nongovernmental organizations to mobilize additional financial and human resources for implementing national plans of action for nutrition has been mentioned by 37 governments. In several countries commitment is not only being translated into development of national plans of action, but is also resulting in a redirection of activities of concerned line ministries (e.g. Ghana, Laos, Iran) or even establishment of new institutions or ministries to address food and nutrition issues (e.g. Indonesia). Many non-governmental organizations are also taking up their responsibility through the integration of nutrition considerations and components into their programmes and projects.

19. In a majority of countries, the ICN continues to have a multiplier effect on efforts to involve communities and the people themselves in activities to improve nutritional status. Some governments envisage to develop provincial or district plans of action for nutrition (e.g. Cuba, Burkina Faso, Argentina, Kenya, Uganda), while others, such as Cambodia, are enhancing people's participation in programme implementation through establishment of committees for intersectoral cooperation and rural development at these or even lower levels

20. Country experience further shows that there is a synergetic effect between efforts to raise public awareness and actions to generate necessary political commitment. In the Philippines, for example, where the ICN is resulting in increased activities to improve nutrition, the National Nutrition Council has received authority from the President and is supported by a network of organizations and institutions allowing broad community and institutional participation in both assessment and planning. This is resulting in an equally broad involvement in implementation and follow-up of the national plan of action.

Support from development agencies for ICN follow-up activities

21. The ICN has encouraged and enhanced partnerships among development agencies to work collaboratively towards common goals, and particularly so at the country level. Considering the overlapping mandates of many development partners, greater attention is needed to seek out opportunities to support countries in developing complementary approaches to address food and nutrition problems in a sustainable manner, while avoiding duplication of effort. While FAO and WHO have strengthened their areas of collaborative work, increased coordination among development partners needs to be encouraged, particularly among UN agencies, to support their unique role in building national capacity to address food and nutrition problems.

22. FAO and WHO continue to provide considerable support to national and regional efforts to implement the ICN goals. Both organizations are providing technical and financial support for development of national plans of action and are actively promoting intersectoral consultation in favour of nutrition. To facilitate implementation of national plans, FAO and WHO are also making serious efforts to increase local capacity to turn plans into operational proposals. FAO has provided assistance to over 100 countries world-wide through support to national consultants and workshops and technical assistance from headquarters and regional offices. In total, FAO along with UNDP has provided over 3.0 million dollars to countries to support ICN follow-up activities *(see Table 2)*.

23. WHO has intensified its technical and financial support to countries, particularly to those least developed. A major proportion of its time, energy and financial resources has been spent in providing support to countries for developing, strengthening and implementing their national plans of action for nutrition in line with their commitment to the World Declaration and Plan of Action. WHO's technical support to countries for implementing the World Declaration and Plan of Action has been provided through its active network at country, regional and global levels. This includes both programme support activities and normative work. As of 30 November 1995, technical and financial support was provided to a number of countries *(see table 3)*. It should be noted that FAO, WHO and UNICEF regional offices are playing a key role in identifying and organizing the support needed by countries in order to develop more comprehensive nutrition-oriented policies and programmes, particularly at country level.

24. At regional and sub-regional levels FAO, WHO and UNICEF are working together to strengthen technical cooperation, identify constraints and share experiences in implementation of ICN recommendations. To this end, the agencies have organized or supported a number of inter-country meetings and workshops *(see table 4)*. These meetings were held to stimulate and review country progress towards the finalization of national plans of action for nutrition, to share information and experience, and to provide assistance to those countries needing help in finalizing their national plans of action. At some of these meetings, operationalization and budgeting of national plans of action was also discussed. Countries are explicitly requesting increased regional and sub-regional cooperation and clearly defined programmes, based on regional issues emerging from national plans.

25. Countries are indicating that resource mobilization for plan implementation can best be achieved through national and inter-agency coordinating bodies. National efforts to promote intersectoral coordination and mobilize resources are resulting in an increased demand from ministries and agencies for strengthened inter-agency cooperation. This is

expected to result in substantial savings and increased budget allocations for nutrition by aligning programmes and increasing visibility of nutrition in the overall development framework. In the past, UN and other agencies have participated in national task forces, intersectoral committees and other national food and nutrition coordinating mechanisms. At present, many countries, such as Ghana, Lesotho, and Syria, are establishing a schedule for regular inter-agency consultations and as a result collaboration between FAO, WHO, UNICEF and other development organizations in the area of food and nutrition has increased substantially. In some countries (Lesotho, Namibia and Sudan), nutrition has become a key issue in the development of a Country Strategy Note prepared by UNDP.

26. FAO and WHO continue to play a major catalytic role in sustaining the ICN follow-up process. As countries now reach the stage where plans need to be implemented, it becomes increasingly important to support these country initiatives through an intensification of relevant normative and operational activities. FAO is, therefore, intensifying its assistance to member countries to improve food security, fight micronutrient deficiencies and improve food quality and safety through concrete actions in the areas of food, agriculture, forestry, fisheries and sustainable development. The organization is actively promoting and pursuing integration of nutrition components and considerations throughout its programmes. FAO is further providing food and nutrition monitoring, evaluation and information services and policy advice to member countries and concerned agencies. Through participation in numerous international, regional and national fora, the organization is actively advocating development and application of food and agriculture based approaches to alleviate poverty and malnutrition.

27. WHO has strengthened its capacity to respond to its Member States by drawing up a strategy for supporting the implementation of the World Declaration and Plan of Action for Nutrition at all levels and by establishing a new Division of Food and Nutrition at headquarters, comprising the previously separate units of Food Aid programme, Food Safety and Nutrition. A series of working groups have also been established to consider each of the nine strategy areas of the World Declaration and Plan of Action for Nutrition. The Nutrition Task Force continues to serve as a means by which collaboration with and support by the Division of Food and Nutrition can be facilitated. It also acts as a forum for reporting, sharing and harmonizing the working groups activities, thereby promoting a complete and integrated nutrition output for WHO.

28. In addition, FAO and WHO have continued their critical normative work, particularly at global level, reviewing the latest scientific data and developing norms, criteria and guidelines covering a broad spectrum of nutrition issues. In view of the enormous burden of malnutrition, FAO and WHO continue to accord high priority to their normative functions, on behalf of the Member States. Much joint FAO and WHO work combines the food and agriculture strengths of FAO to the outstanding WHO health expertise to produce joint normative expert reports and work on food quality and safety. In other cases, more specific areas of food, agriculture or health are treated separately by FAO or WHO so that a complete range of normative advice is available to member countries.

29. Normative work is carried out by FAO and WHO in the following areas: assessing, preventing and managing protein-energy malnutrition; overcoming micronutrient and trace element deficiencies; promoting infant, young child and maternal nutrition; preventing diet-related noncommunicable diseases; preventing food-borne diseases; training in preparedness and management for nutrition emergencies and promoting research and training in nutrition. FAO and WHO's normative work is achieved in three main ways: by holding scientific

meetings; by producing technical documentation; and by assessing the worldwide prevalence of the major forms of malnutrition and monitoring their trends through a series of data banks (on protein-energy malnutrition, iodine deficiency disorders, vitamin A deficiency, anaemia in women, anaemia in children, and prevalence and duration of breast-feeding). In addition, databases on food and nutrition policies are available for the European and Western Pacific Regions, and a database on food composition of regional foods is managed by the Regional Office for the Americas. FAO and WHO technical documentation, which incorporates the outcomes of interagency consultations, workshops and other meetings, provides technical, programmatic and managerial guidance to decision-makers and others responsible for implementing national nutrition activities.

30. Other UN agencies and development organizations are also providing considerable support to implement the ICN goals. In many countries, UNICEF has taken an active role in assisting in the formulation of national plans of action for nutrition and other nutrition programmes. A good example of FAO - UNICEF cooperation can be seen in Malawi, where each agency has provided technical assistance to strengthen national capacity to develop the national plan of action and related programmes. As poverty alleviation and nutrition improvement are core objectives of IFAD's programme, the organization assists countries through various regular programme activities. The organization reports that it has developed a strategy for improving nutrition through rural investment projects and operational methodologies for project design and monitoring to strengthen household food security and nutrition in poverty alleviation projects.

31. The World Bank reports that since the ICN it has provided substantial loans for projects on nutrition or with major nutrition components (in the areas of education, population and health, agriculture, and infrastructure). While the impetus within the Bank for promoting nutrition programmes may not have arisen from the ICN, clearly the enthusiasm on the part of recipient countries to address nutrition has been greatly influenced by their involvement in the ICN process. IAEA indicates that nutrition is considered as a high priority in the Agency's medium term plan for the period 1995-2000 and it has increased resource allocations for implementing national plans of action for nutrition and strengthened its technical capacity in nutrition. In collaboration with WHO, IAEA is also supporting research on nutrition and micronutrients and technical cooperation projects on dietary diversification and traditional foods. UNU is giving increased attention to research on prevention of iron deficiency and supplementation strategies. It is focusing on improved food composition information and supporting a worldwide network of regional institutions and data bases to enhance quality and availability of food composition data in developing countries. UNU and FAO have strengthened their collaboration in this area.

32. UNEP is contributing to increased food security through programmes on integrated pest management. In collaboration with FAO, it is assisting countries to prevent and control contamination of food with mycotoxin through training and other capacity building programmes. Much attention is given to exchange of information on contamination levels to increase foreign exchange earnings by preventing rejection of foods for export. WFP reports that its country programmes are being guided by national plans of action and increased attention is being given to building food security safety nets. Micronutrient components are being included in food aid and school feeding programmes. In several countries such as Myanmar, Laos and Paraguay, UNDP is coordinating assistance provided by UN agencies in the preparation of national plans of action, while in Bangladesh, Indonesia, Nepal and Eritrea, it has provided support through its TSS-1 programme.

33. To reinforce country activities, some bilateral agencies have brought their national development assistance plans in line with the ICN recommendations and have responded to requests to strengthen country programmes for ICN follow-up. For example, Canada and the USA are providing assistance in the development of strategies and programmes to reduce vitamin A, iron and iodine deficiencies. Denmark reports that its development agency is integrating nutrition considerations into sectoral development assistance programmes including health, fisheries, forestry and agriculture. Belgium indicates that it is contributing through existing national programmes for development assistance, including international agricultural research and training in agriculture, food science and nutrition. Japan is providing support in strengthening and implementing national plans of action for nutrition, developing strategies for caring for the vulnerable, preventing diet-related noncommunicable diseases and preventing food-borne diseases through improved surveillance systems and better coordination between international agencies. Other countries, such as France, the Netherlands, Norway, the United Kingdom and the USA, have provided technical assistance through the APO programme.

34. It is important to note that a large number of countries, through their national plans of action and other mechanisms, are requesting organizations and agencies to bring their development programmes in line with the goals and strategies of the World Declaration and Plan of Action for Nutrition. For example, Burkina Faso, Mauritania, Pakistan, Bangladesh and Zambia have obtained World Bank funding for implementing specific activities of their national plan of action.

III. A SELECTIVE REVIEW OF NATIONAL ACTION PLANS

35. To date, FAO and WHO have received over 70 national plans of action along with over 145 country progress reports assessing country activities and progress in achieving the ICN goals. The plans reviewed focus on a wide range of issues and represent a country-specific selection of goals and strategy options. Most plans are modelled along the themes and major policy guidelines of the global Plan of Action and provide an overall framework to improve nutrition from a multisectoral perspective. A minority of countries have gone beyond the level of outlining broad-based strategies and programmes and are preparing detailed programme and project outlines, including precise time frames, attainable goals and realistic budgets (e.g. Cuba, Guinea, Laos, the Philippines, Western Samoa, Namibia). However, at this stage, most of the draft or final plans which have been prepared do not elaborate the specific activities or identify the necessary resources to implement the strategies or programmes they have outlined.

36. Most countries are identifying concrete goals for improving national food and nutrition situations within a given time-frame, mostly before the year 2000. For the most part, specific activities to achieve those goals have been identified but have not yet been sufficiently outlined for implementation. Recurring objectives include: increases in daily energy supply above or up to a certain level; reductions in child malnutrition; reduction or elimination of prevalence of vitamin A, iodine and iron deficiencies; promotion of breast-feeding; reductions in food-borne diseases and in contamination and adulteration of food; increases in food trade; adoption of food laws, regulations and standards; promotion of healthy diets and lifestyles and increase of coverage rates for nutrition monitoring of vulnerable groups.

37. While national plans of action reflect a rich variety in country and sector-specific approaches toward nutrition, there is a remarkable recurrence of specific issues within and between plans. The majority of developing countries indicate that they urgently need support to increase local capacity to formulate, implement and monitor food and nutrition activities. Many countries, particularly in Africa, recognize the weakness of the food security component in their national plans of action and indicate that comprehensive food security programmes are required, incorporating measures to increase food supplies, improve food quality and safety, reduce micronutrient deficiencies and provide food and nutrition information and early warning services. From the plans and country reports, it can be concluded that countries now recognize the fundamental role of agriculture in improving nutrition, but have difficulty in translating this understanding into specific activities in the food and agricultural sectors and in integrating nutrition considerations into agricultural development programmes. Countries indicate that intensified support from FAO will be needed to fully address these issues.

Incorporating nutrition components and considerations into development plans and programmes

38. Countries indicate that existing coordinating bodies for integrating nutrition in development plans and programs frequently lack adequate capacity and resources and the proliferation of ad-hoc bodies and committees to enhance intersectoral cooperation and coordination often leads to dispersion of already scarce resources and capacity. Many countries, therefore, express the need to strengthen existing coordination mechanisms to increase long-term impact of development programmes on nutrition. Countries such as Kenya, Namibia, Myanmar and Western Samoa foresee establishing an umbrella organization to support intersectoral collaboration and provide technical assistance in policy formulation, programme development, implementation and monitoring. These organizations are expected to function as vehicles for integration of nutrition into overall and sectoral plans and programmes and have a major role in dissemination of relevant food and nutrition information.

39. Examples of efforts to enhance nutrition impact of development programmes are the Philippines and Sudan, which are outlining training activities to improve the capacity of line ministries and other relevant organizations at national and local levels to integrate nutrition components and considerations in their programmes. Mauritania and other countries have planned to develop manuals and training modules. Many countries also indicate that planners and policy makers lack awareness and understanding of prevailing food and nutrition problems and mechanisms to address them. Countries such as the Philippines, Western Samoa and Sudan, therefore, propose nutrition advocacy as a tool to sensitize policy makers and planners to consider nutrition in sectoral plans and programmes. Nutritional impact assessment should provide useful evidence for policy advocacy of how nutritional improvements contribute to higher returns on other social investments (schooling) and to increased agricultural productivity. To enhance the re-formulation of relevant policy recommendations, countries need to strengthen their capacity to assess the impact of development policies and programmes on nutrition. Policy assessment should allow the identification of policy changes needed to strengthen positive effects on nutrition, and mitigate negative effects; this in turn should also contribute to a more coherent national policy framework and intersectoral policy coordination.

40. Benin and several other countries point out that official adoption of national plans of action and recognition by relevant development agencies are critical in the acceptance of nutrition as an essential component and impact indicator of development programmes. Countries, therefore, urge development agencies to integrate nutrition considerations and components into development assistance programmes. In developed countries, incorporating nutrition components and considerations into national policies and programmes mainly entails building linkages between consumers, producers, policy makers and legislators. Some countries indicate that policy makers and legislators need to create the enabling environment to allow farmers and food industry to make foods available at affordable prices that are consistent with dietary guidelines, while at the same time maintaining or increasing commercial competitiveness in a manner consistent with an ecologically sustainable development.

Ensuring household food security

41. Most national plans provide general policy guidelines and recommendations for integrating nutrition and food security components and considerations into development plans and programmes, rather than outlining well-defined macro-level and sector-specific activities. Many developing countries have expressed their need for comprehensive food security plans and programmes, and support through programmes such as the Special Programme on Food Production in Support of Food Security in Low-Income Food-Deficit Countries. The strategies proposed in their national plans of action are as numerous and diverse as the underlying causes. Only a few countries such as Namibia and Viet Nam are using the opportunity provided by the ICN to develop comprehensive policies and action programmes for food security and nutrition. Ecuador, Venezuela and others anticipate to prepare such national policies and programmes as an activity under the national plan of action for nutrition.

42. In identifying strategies and priority areas of action for ensuring food security, Sudan, Tanzania and other countries refer to existing national food security policies and guidelines on poverty alleviation, food security and child survival. In general, these policies cover a wide scope of strategy options, ranging from application of macro-economic management tools as pricing mechanisms, production and consumption subsidies, incentives, minimum wages and budget deficit controls, to more sector-specific approaches as development and transfer of agricultural technology, agricultural research and extension, environmental protection and agro-industrial development.

43. Other activities include establishing or strengthening food security and nutrition units in specific line ministries and institutions, whose core objective is to provide assistance in policy and programme formulation, impact assessment and evaluation. These units are also expected to assume responsibility for monitoring of food security and nutrition situations. Sudan, Viet Nam and other countries envisage supporting policy and programme development through establishment or improvement of early warning and information systems for food and nutrition. More action-oriented programmes involve development of physical infrastructure, reduction of post-harvest losses, seed multiplication, aquaculture development, agro-forestry, home and school gardening. It is important to note that, through the development of national plans of action, nutrition components and considerations are being incorporated into these activities, thus enhancing their impact, while, at the same time, allowing assessment of their bearing on nutrition.

44. Among developed countries the issue of food security is not explicitly addressed, as their plans focus mainly on food safety, dietary habits and health-related aspects of nutrition. Australia and New Zealand indicate that food security entails adoption of environmentally sustainable agricultural practices in an increasingly competitive international trade environment. They identify the need to assess the extent and analyze the causes of food insecurity among minority and vulnerable groups and to develop criteria for assessing patterns and levels of household food insecurity. New Zealand notes the strategic importance of food security in the face of events that would prevent or inhibit food imports or greatly reduce the country's food supply.

45. It is important to note that several countries (e.g. Namibia, Madagascar and Lesotho) are building linkages in their national plans of action between strategies to ensure food security and approaches to combat micronutrient deficiencies or improve food quality and safety. This clearly reflects the understanding that activities such as agricultural diversification, promotion of small-scale agro-industries, food processing, preservation and marketing, school and home gardening and nutrition education have the potential to contribute to improved food security.

Protecting consumers through improved food quality and safety

46. In many developing and newly industrialized countries, improving food quality and safety has become a priority area of action to ensure adequate consumer protection and enhance domestic and international trade. National plans of action include strategies to overcome constraints in local capacity ranging from strengthening of national food control infrastructure (including institutions, legal framework, human resources and inspection services) to training of food producers, processors and handlers, consumer education and information.

47. Food-borne diseases, identified by the ICN as an important cause of ill-health and an underlying factor for malnutrition, remain a major public health problem worldwide. Surveys carried out in industrialized countries indicate that the estimated annual incidence of food-borne diseases affects up to 10% of the population. Reported cases of some food-borne diseases in these countries also indicate an increasing trend.

48. Data from developing countries are scarce and are not an accurate representation of the real situation. However, the high incidence and prevalence of diarrhoeal diseases in infants and children - up to 70% of the cases are due to contaminated food - point to an alarming food-safety situation calling for urgent action. From the very few countries which maintain a food-borne disease surveillance, e.g. Venezuela, it can be observed that the incidence of food-borne diseases are similarly increasing in developing countries. An analysis of the country reports and national plans of action prepared by Member States confirm this analysis. Most developing countries, particularly in Africa, have acknowledged their serious food safety problems, expressing concern about foods that are heavily contaminated with microbiological and chemical contaminants.

49. In the majority of developing countries, manpower development and training for food control personnel, industry and trade are raised as priority areas of action. In this context, reference is made to the need to strengthen regional training efforts and institutions. Many countries, particularly in Africa, also give great importance to the nutritional and economic value of traditional foods and their plans outline strategies to develop and improve processing

and storage techniques for indigenous foods.

50. Many countries in Asia and some regions of Africa recognize the economic and nutritional impact of the informal food sector. Their national plans of action provide specific strategies to improve, control and monitor food quality and safety in this sector. In this respect, Egypt, Sudan and Western Samoa among others, raise the issue of providing access to potable water at household level and adequate infrastructure at street food vending sites as an important concern.

51. In view of increased trade liberalization world-wide, a majority of countries emphasize the need to strengthen food quality control activities for import and export purposes. This is expected to provide an adequate framework for expansion of food control and other consumer protection services to domestic markets. Countries such as Egypt, Lesotho, Western Samoa, Myanmar, Hungary and Cambodia and many others give much attention to development and promulgation of food laws, regulations and standards which are internationally recognized, while several developed and most developing countries foresee introducing or strengthening certification of food products, quality systems and laboratories.

52. In developed countries, much importance is given to food labelling and food composition activities. In the latter area, activities to strengthen regional food composition database networks are anticipated. Equally important is the promotion of food quality systems such as HACCP in the European Union and other industrialized countries through training and information programmes.

53. Many countries are developing special legal instruments to regulate food fortification. For instance, Madagascar, Côte d'Ivoire, Myanmar, the Dominican Republic, Nicaragua, Swaziland and Lesotho have outlined food control measures to support fortification of foods with micronutrients and in particular iodization of salt.

Promoting breast-feeding

54. The ICN reaffirmed the global goal for optimal maternal and child health and nutrition stated in the Innocenti Declaration: "all women should be able to practice exclusive breast-feeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age. Therefore children should continue to be breast-fed while receiving appropriate and adequate complementary foods, for up to two years of age or beyond.

55. The prevalence and duration of breast-feeding have increased in some parts of the world, such as Australia, Canada, the Netherlands and Sweden, often as a direct result of national and other support and promotion programmes. Unfortunately, however, breast-feeding trends continue to decline in other parts of the world, often in those areas where breast-feeding is crucial to infant survival, Brazil, Nigeria and Yemen, for example. Recent data collected from 44 countries (taken primarily from the Demographic and Health Surveys) on exclusive breast-feeding from 0-4 months show declining values and a shift away from optimal feeding modes. Exclusive breast-feeding rates at four months of age range from 41% in Botswana to 4% in Burkina Faso in the African Region. Early supplementary feeding and short breast-feeding duration with abrupt weaning are still the norm in many parts of the world. Breast-feeding rates in the 44 countries at 12-15 months range between 97% in Burkina Faso to 30% in Mexico. Breast-feeding into the second year of life varies from 85% in Rwanda to 7% in the Dominican Republic.

56. In a remarkably short time, the Baby-Friendly Hospital Initiative has mobilized national authorities in at least 159 countries, where 14 000 hospital and maternity facilities have been targeted to become baby-friendly, to achieve the operational target of the Innocenti Declaration. In developing countries, 13 976 hospitals and maternity facilities have been targeted to become baby-friendly by 1995. In China alone, around 900 hospitals and maternity services had been designated baby-friendly by the end of 1994, thus approaching successfully the national mid-decade goal of 2000 baby-friendly hospitals by the end of 1995.

Combating micronutrient deficiencies

57. Iodine deficiency disorders (IDD) are the greatest worldwide cause of preventable brain damage in the foetus and infant and retarded psychomotor development in young children. WHO estimates that IDD are currently a significant public health problem in 118 countries where 1571 million people live in iodine-deficient environments and are therefore at risk, and 655 million people actually suffer from goitre. Approximately half the global goitre problem is found in Asia (WHO regions of South-East Asia and the Western pacific), but also 89 million in Africa, and 11.3% of Europe's population still has goitre.

58. Recent reports indicate that tangible progress in universal salt iodization, the most feasible national intervention for prevention and control of IDD, is being made in the 118 countries currently known to be affected by these disorders - for example in China, Latin America, in countries of South-East Asia, and in Africa. Of these countries, 37 have established universal iodization and 36 others have initiated some type of action. However, 39 countries have taken no action and information is lacking from the remaining six. Efforts are under way to stimulate action, where lacking, to complete universal salt iodization, and to monitor programmes to assure sustainability. Despite the magnitude of the problem, it seems realistic to anticipate that IDD will indeed be eliminated as a major public health problem by the year 2000.

59. More than a quarter of a million children are estimated to go blind every year due to a deficiency of vitamin A. The 1994 estimates from the WHO Micronutrient Deficiency Information System database indicate that at least 3 million children annually currently exhibit signs of clinical xerophthalmia. This estimate is substantially lower than the 1985 estimate of 14 million. The apparent progress in reducing the risk of blinding malnutrition undoubtedly reflects both successful short-term approaches through distribution of vitamin A supplements in countries with large populations of affected children, e.g. Indonesia and India, and a more equitable distribution of economic and social programmes to relieve poverty and conditions associated with deprivation. These latter conditions often precipitate clinical deficiency.

60. Although there is a downward trend in clinical vitamin A deficiency, WHO estimates that in 1994 at least 227 million children were at risk of a subclinical deficiency because of deficient vitamin A body stores. This translates into a significant compromise in health and the chances for survival of affected populations. Currently more than 65 countries have a problem of public health significance, and an additional 28 countries are likely to have such a problem.

61. Iron deficiency and anaemia have profound negative effects that include increasing maternal and newborn mortality, impaired health and development of infants and children, limited learning capacity, impaired immune mechanisms, and reduced working and

productive capacity of those affected. Iron deficiency and anaemia are thus impediments to individual and national development. Iron deficiency alone affects an estimated 2000 million people in developed and developing countries combined, half of these with clinical iron deficiency anaemia and the remainder with deficient body-iron stores. Directly related to the truly massive problem of iron deficiency anaemia in women is iron deficiency anaemia in infants and young children. An estimated 58% of pregnant women in developing countries are anaemic, with the result that infants are more likely to be born with low birth weight and depleted iron stores. An earlier (1985) WHO global assessment indicated that 51% of children aged under five years in developing countries also are anaemic.

62. National plans of action and country reports indicate that activities to combat micronutrient deficiencies are ongoing in many developing countries. Much work has been done by WHO, UNICEF and other agencies on the control and prevention of iodine deficiency disorders through the iodization of salt and the enactment and enforcement of relevant legislation. In the past, work on vitamin A and iron deficiencies has mainly focused on supplementation and to a lesser extent on fortification and agricultural based approaches. In selecting specific strategies to combat micronutrient deficiencies, most countries indicate that supplementation efforts should gradually be phased out and replaced by more sustainable food-based actions such as diversifying and increasing production, processing and marketing of foods rich in or fortified with specific micronutrients.

63. To support the application of food-based approaches, countries such as Kenya, Benin and the Philippines are planning training on various strategy options and aspects related to food technology and quality control. Other developing countries such as Cambodia and the Dominican Republic indicate that nutrition education and training of agricultural extension workers on food based approaches and health workers on assessment of nutritional deficiency disorders are critical to long-term elimination of micronutrient and other nutritional deficiencies. Countries such as Cuba, Laos, Viet Nam, Nicaragua and Bolivia have outlined programmes for agricultural and dietary diversification to increase availability and consumption of micronutrient rich foods and are also promoting food fortification. Australia and several other countries are developing dietary guidelines, recommending consumption of foods rich in specific micronutrients.

64. Several countries, such as Kenya, Morocco and Mauritania emphasize that apart from vitamin A, iron and iodine, other micronutrients such as vitamins D and C, zinc and calcium should receive greater attention. These and other countries argue that the extent and severity of specific micronutrient deficiencies is insufficiently known and priority should be given to situation assessment and analysis to allow development of appropriate strategies.

Preventing diet-related noncommunicable diseases

65. There has been increasing recognition in the past 40 years, especially in industrialized countries, that certain chronic noncommunicable diseases are closely related to diet and other aspects of lifestyle, notably emotional stress, reduced physical exercise, and tobacco smoking. Cardiovascular diseases are the leading cause of morbidity and premature death in the developed countries and are responsible for more than 12 million deaths each year, which is almost one-quarter of deaths worldwide. Trends indicate that cardiovascular diseases are decreasing in some industrial countries, where the highest mortality rates are found in low socioeconomic groups. However, a substantial increase has been observed in countries of central and eastern Europe as well as a general increase in developing countries. Cancer is the second cause of death in most developed countries. Recent trends show that,

unless controlled, cancer will become the leading cause of death in several countries by the twenty-first century.

66. In addition, the increasing prevalence of diabetes has led to a large increase in related mortality and it is predicted that the number of people with diabetes may exceed 100 million by the end of the century. To prevent lifestyle and diet-related noncommunicable diseases, 12 countries in the African Region have already adopted education programmes, as have 11 countries in the Eastern Mediterranean Region, 20 in the European Region, and 5 countries each in the Region of the Americas and in the South-East Asia and Western pacific Regions. Consequently, the global picture is mixed, with some countries experiencing higher incidence trends than others.

Assessing, analysing and monitoring food and nutrition situations

67. It is evident from country reports and national plans that existing programmes and systems for the collection and analysis of food and nutrition information need to be enhanced in order to effectively monitor the impact of plans and activities for nutrition. Many countries express the need to develop appropriate sampling and analytical methodology and review indicators, coverage rates, time-lags between data collection and dissemination, access to data, data quality and relevancy. Recognizing the lack of coordination amid the enormous wealth of food and nutrition related data, industrialized countries such as Australia and Denmark plan to establish a national coordinated mechanism for food and nutrition monitoring.

68. Several countries in Latin America, Africa and Asia plan on strengthening existing national capacities for data collection, analysis and dissemination and advocate increased coordination and cooperation between various food and nutrition information systems to optimize resource utilization and improve information quality and relevancy. They plan to improve existing nutrition information systems, covering information on nutritional status of vulnerable groups, to also include food security and other relevant indicators. Training of relevant personnel, increasing community participation and enhancing sustainability of information systems are also recognized as important. In this respect, countries such as the Comoros, Côte d'Ivoire, Guinea, the Philippines and Sudan propose to establish local systems for nutrition surveillance and early warning, adapted to the local context and needs.

IV. TURNING PLANS INTO ACTION: THE CHALLENGE AHEAD

69. Success in implementing the World Plan of Action for Nutrition will depend on a number of measures being taken by countries and agencies concerning institutional arrangements and substantive issues. As a matter of priority, countries need to integrate national plans of action for nutrition into regular national and sectoral development planning and budgeting cycles. This is critical to secure national commitment and resources and will enhance visibility of plans and nutrition in the overall development framework. The latter will be of great help to mobilize resources from bilateral and multilateral development agencies. However, as a prerequisite to obtain commitment and resources for effective implementation, the present plans of action will have to be made operational. To this end countries will need to focus on selected key areas of action without losing the overall perspective of the plan. This will require the development of detailed project proposals or periodic operational plans, including specific time frames, attainable targets and realistic

budgets. Several countries, including some of the poorest, have already reached this stage and will need significant technical and financial support for full implementation.

70. To ensure the effective implementation of national plans with full participation of all sectors, countries should also consider to:

- undertake institutional reforms to effectively integrate policy formulation with local level planning and implementation;
- promote development and implementation of participatory methodologies in local level planning;
- promote participation of the private sector as a partner in the implementation of the plans through national consensus building involving the public sector, NGOs and grass-roots organizations;
- build-in monitoring mechanisms in national plans that generate information on a continuous basis, transforming the implementation process into a constant learning process; and
- identify high priority areas where multisectoral actions are to be implemented to exploit synergisms in producing better nutrition.

71. Equally important is the reinforcement of existing programmes related to food and nutrition. This will involve aligning to the maximum extent possible existing programmes in various areas toward the common goals of ensuring food security and improving nutrition. Doing so will require increased coordination and intensified cooperation among national ministries and organizations and bilateral and multilateral development partners. Since national and inter-agency coordinating bodies have a critical and catalytic role in this respect, their capacity to address food and nutrition issues will need to be strengthened in many countries.

72. In the wake of the ICN, countries are adopting broad-based nutrition strategies which now need to be translated into concrete, precise and targeted actions. Through their plans and progress reports, many developing countries are requesting assistance to build necessary local capacity to formulate, implement and monitor such activities, particularly in the area of food and health security. Technical development agencies have an important responsibility to support countries in developing relevant skills and strengthening institutional arrangements and infrastructure to address these issues in a comprehensive way. Their guidance on project formulation and evaluation will also be required, as well as assistance in establishing the impact of development activities on nutrition.

73. In line with countries' need for comprehensive food security programmes, FAO is promoting broad-based agricultural development both as a source of food to meet the nutritional needs of a rapidly expanding world population and as a means to improve access to food and other basic goods through income and employment generation. Recognizing the particular needs of a large number of developing countries, FAO has initiated a Special Programme on Food Production in Support of Food Security in Low-Income Food-Deficit Countries (LIFDCs). The main goal of the programme is to assist LIFDCs in rapidly increasing their food production, farm productivity and access to food through employment generation. The programme, initiated on a pilot-basis in a limited number of countries, focuses on promotion of improved production technologies and better water control for major staple crops.

74. The need to address world food security in a comprehensive way at the highest level, in order to raise awareness and political will and secure concerted international action, has led the Director-General of FAO to propose the convening of a World Food Summit where world leaders would have the opportunity to examine the present situation and the future outlook, and agree on appropriate policies and actions. The FAO Council, at its 108th Session, supported the initiative and recommended that the Conference approve the convening of the Summit in 1996. The Summit should address food security as a strategic, political and economic issue, with the ultimate aim of protecting and promoting the nutritional well-being of all people. Issues of particular importance include: the ethical basis of food security; linkages between poverty, food insecurity and under-development; determinants of physical and economic access to food; biodiversity, indigenous foods and natural resource management; external debt; commodity diversification; the role of agriculture and rural development in national economies; research and technology transfer; and the overriding importance of peace and political stability.

75. The World Food Summit is expected to make more explicit and operational the obvious but not always straight-forward linkages between agricultural development, food production and nutrition. This will greatly enhance efforts to make policy makers and planners more aware of the impact of their decisions and actions on nutrition and enable them to develop comprehensive plans and programmes to bring about long-lasting improvements in food security and nutrition. Building on the momentum of the ICN and other international conferences, the World Food Summit should provide a timely opportunity to turn plans and declarations into action.

76. As we come to the close of the century, WHO has been conducting, in the light of profound political, economic and social and health changes that have been taking place, a thorough review of its policy and past action and will unveil a renewed health for all strategy by the time of its 50th anniversary celebration in 1997. WHO's Ninth General programme of Work (covering the period 1996-2001) clearly identifies Nutrition as one of its major priorities and states the implementation of plans of action in countries based on the World Declaration and Plan of Action for Nutrition as one of the major outcomes of world action. Thus, it is clear that nutrition will remain an integral part of WHO's Health-for-All efforts across the globe. There will need to be continued high level political commitment from all Member Governments in order to ensure full implementation of the Plan of Action for Nutrition and the achievement of the ICN goals.

77. In order to achieve full implementation of ICN recommendations, FAO and WHO efforts will be concentrated in two main functions: technical cooperation with countries; directing and coordinating international health and nutrition work. Technical cooperation with countries will stress efforts to attain national food security, health and nutrition goals defined by countries in line with agreed global goals and strategies. Instead of the traditional programme-by-programme approach, the activities of FAO and WHO programmes at different levels - country, regional and global - will be integrated so as to contribute to clearly defined results in countries, and allow for better coordination of efforts, particularly within countries, by the various United Nations bodies and specialized agencies, multilateral and bilateral donors, development funds and nongovernmental organizations involved in development work. Emphasis will be placed on coordinated and sustained support to improving agriculture, national and household food security, agriculture-based national development, national health and nutrition policy development for disease prevention and health promotion, strengthening of the health infrastructure (especially at local level), more

effective programme implementation and the development of management capabilities, taking due account of national needs and expertise. FAO and WHO will intensify support to countries in greatest need. They will also promote more effective collaboration between countries, and especially developing countries, to sustain national health and nutrition development.

78. FAO and WHO directing and coordinating functions include the search for international consensus on nutritional problems of global priority and the most effective ways of assisting countries to solve them, and advocacy of measures to mobilize international resources and action for health and nutrition, including humanitarian assistance. They also comprise what is often referred to as the normative function of FAO and WHO, that is: monitoring the nutrition situation and trends throughout the world; proposing norms, standards and guidelines related to nutrition; and stimulating research, the advancement and application of knowledge and the sharing of information in the field of nutrition. FAO and WHO will use their specialized knowledge, experience and the information in data-bases to build up consensus and alliances, especially within the United Nations system and with development partners, to address major global and country nutrition problems. They will indicate where more action is needed, where duplication of efforts and resources exist and where reorientation is appropriate. FAO and WHO will continue to monitor trends through their general food and nutrition surveillance mechanisms and the regular monitoring and evaluation of progress towards health-for-all targets together with ICN goals. They will seek the further improvement of indicators and the development of new ones where appropriate.

79. Assuring improved food supplies and access by all to adequate amounts of good quality and safe foods throughout the year, improved health services and education for all, and sustainable national development and economies are formidable challenges for all. FAO and WHO, as sponsors of the ICN, continue to cooperate closely with all international agencies working to improve nutrition, with international and national non-governmental organizations, academia and industry, and, most important of all, national governments to attain improved nutritional status of all in a sustainable manner.

TABLE 1

Global Status of National Plans of Action for Nutrition

Status of NPAN	No. of Countries
Final/draft/preparing NPAN	**139**
Final NPAN prepared	72
Draft NPAN	26
NPAN in preparation	41

TABLE 2

Status of FAO Support by Region

	Africa	Asia and Pacific	Latin America & Caribbean	Near East (*)	North America & Europe	Global
TCP projects - ICN follow-up (US$ '000)	8	3	3	1	-	15
	1,392.0	525.0	457.0	56.0	-	2,430.0
TSS1 projects - ICN follow-up (US$ '000)	1	3	-	-	-	4
	87.78	343	-	-	-	430.78
ESN funding (**) for ICN follow-up (US$ '000)	22	7	20	5	3	57
	230.5	118.7	213.89	48.1	45	656.19
APOs on ICN follow-up	6	2	2	-	3 (headquarters)	13
Country progress reports on ICN follow-up	27	16	14	7	13	77

(*) **Algeria, Morocco and Tunisia are in the FAO grouping for Africa**

(**) **Includes Letters of Agreement**

TABLE 3

Status of WHO Support: Regional and Global Funding Support During the 1994-1995 Biennium for the Food and Nutrition Programme and its Activities

	1994 - 1995 US$	
Africa	1,886,200	
The Americas	28,714,300	
South-East Asia	6,150,200	
Europe	903,200	
Eastern Mediterranean	1,472,200	
Western Pacific	1,776,900	
Regional Sub-total	**40,903,000**	(84% of total)
Global and Inter-regional	**7,725,800**	
TOTAL	**48,628,800**	

TABLE 4

Major Regional and Sub-regional ICN Follow-up Meetings

Region and No. of Participating Countries	Dates	Venue
Africa		
FAO/WHO/UNICEF Seminar on Food and Nutrition Surveillance and ICN Follow-up in Lusophone Africa (5)	May, 1993	Bissau, Guinea Bissau
FAO/UNICEF/USAID post-ICN all-Africa conference on food and nutrition, sponsored by ECSA and Govt. of Kenya (18)	December, 1993	Nairobi, Kenya
FAO/UNICEF/WHO meeting of Technical Group on Nutrition + African Task Force on Food and Nutrition (10 countries + WFP/ ECSA/OAU/ECA)	March/April, 1994	Accra, Ghana
WHO workshop on nutrition for ICN focal points	June, 1994	Dakar, Senegal
FAO/WHO sub-regional workshop on ICN follow-up for Anglophone African Countries (19)	April 1995	Harare, Zimbabwe
FAO/WHO sub-regional workshop on ICN follow-up for Francophone African countries (21)	July 1995	Cotonou, Benin
Asia and the Pacific		
FAO regional expert consultation of the Asia-Pacific network for food and nutrition - including ICN follow-up activities (10)	June 1993	Bangkok, Thailand
FAO regional expert consultation of Asia-Pacific network for food and nutrition on household food security - including ICN follow-up activities (9)	August 1994	Bangkok, Thailand
FAO/WHO sub-regional workshop on ICN follow-up in South Pacific countries (7)	October 1994	Nadi, Fiji
FAO/WHO/UNICEF workshop on national food/nutrition policies and ICN follow-up for the Asian countries in the region (13)	November, 1994	Manila, Philippines
WHO research-cum-action network meeting for discussions on post ICN follow-up action in countries in the region	December 1994	Hyderabad, India
FAO/WHO/UNICEF workshop on national food and nutrition policies and ICN follow-up in South Pacific countries (19)	March 1995	Nadi, Fiji
FAO/WHO/UNICEF regional workshop on ICN follow-up (9)	November 1995	New Delhi, India

Region and No. of Participating Countries	Dates	Venue
Latin America and the Caribbean		
FAO/PAHO sub-regional meeting on ICN follow-up (11)	October 1993	Tegucigalpa, Honduras
FAO/PAHO subregional workshop on ICN follow-up (10)	March, 1994	Quito, Ecuador
FAO/PAHO/WHO sub-regional meeting on ICN follow-up in the English-speaking Caribbean (14)	December, 1994	Kingston, Jamaica
FAO/PAHO/USAID sub-regional workshop on policies, programmes and plans of action for food and nutrition in LAC countries (9)	July, 1995	San José, Costa Rica
FAO/PAHO/USAID sub-regional workshop on policies, programmes and plans of action for food and nutrition in LAC countries (6)	July, 1995	Santa Cruz, Bolivia
FAO/NGOs: sub-regional NGO workshop on ICN follow-up (10)	November, 1995	Lima, Peru
Near East		
FAO/WHO inter-country workshop on ICN follow-up in the region (11)	September, 1994	Alexandria, Egypt
FAO/UAE intercountry workshop on food and nutrition in the Gulf countries (6)	May, 1995	Al Ain, UAE
Europe and North America		
WHO meeting of the Nutrition Programme Advisory Group to review post-ICN follow-up action in countries in the region	August, 1995	Copenhagen, Denmark
FAO/WHO consultation on ICN follow-up in the European region and OECD countries (57) (*)	September, 1996	Warsaw, Poland

(*) Consultation was planned in 1995