INTERNATIONAL CONFERENCE ON NUTRITION

Final Report of the Conference

Rome, December 1992

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FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
WORLD HEALTH ORGANIZATION

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FINAL REPORT OF THE INTERNATIONAL CONFERENCE ON NUTRITION

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PART I. PROCEEDINGS

INAUGURAL CEREMONY

1. Mr Ibrahim Adam (Ghana), Chairman of the Preparatory Committee meetings for the International Conference on Nutrition (ICN), welcomed delegates to this historic gathering of governments, international and non-governmental organizations, noting that it was the first time such a group had convened to work together for a world free from hunger and malnutrition. The Conference viewed a film, "Nutrition: The Global Challenge", after which the Director-General of FAO welcomed His Holiness, Pope John Paul II, who gave the inaugural address.

2. The Pope paid tribute to WHO and FAO for combining their efforts in organizing the International Conference on Nutrition and sharing their accumulated experiences in the service of humanity. He noted that the actions of the Conference are governed by the quest for a world in which each individual can enjoy a standard of living that befits human dignity. He expressed hope that the Conference would bring renewed and vigorous action to place food and health high on the international agenda.

3. The Pope said that access to resources and technology as well as education and health services must be guaranteed. He observed that while the inalienable right to food has been asserted, we must ensure that this right is applied. Often, populations are placed at nutritional risk because of lack of peace and justice and the damage to the environment. His Holiness said that wars and civil conflicts should not be allowed to condemn defenceless civilians to die of hunger for selfish or partisan reasons.

4. His Holiness noted that the ICN Declaration and Plan of Action place the family unit at the centre of programmes for education and training. He highlighted the right of the couple to decide on the spacing of its offspring. While it is not the Church's role to propose technical solutions, it will fully support the strengthening of international solidarity and the promotion of justice. In this spirit, he called on the Conference to work for a world in which no one is denied his or her daily bread or health care. He offered blessings on the Conference participants and all peoples of the earth.

OPENING OF THE CONFERENCE

5. H.E. Ibrahim Adam, opened the Conference, welcomed delegates to the ICN and called for nominations for the Chairperson of the Conference. Delegates from 159 countries and the European Economic Community, including 137 ministers, representatives from 144 non-governmental organizations (NGOs),

11 intergovernmental organizations and 16 UN organizations attended the Conference. The total number of registered participants was 1 387.

Agenda Item 1: Conference Procedural and Organizational Matters

6. The Nominations Committee for the Conference Bureaux was comprised of Mr R. de Pourtalès, Switzerland (Chair), Angola, Austria, Cameroon, Cyprus, El Salvador, Estonia, Germany, Haiti, Honduras, Iraq, Kenya, Myanmar, Pakistan, Saudi Arabia, Thailand, United Kingdom and the United States of America. Following the report of this Committee, the following officers of the Conference were elected.

7. Madame Simone Veil of France was elected Chairperson of the Conference. Mr H.E. Chowdhury Kamal Ibne Yusuf (Bangladesh), Madame Chen Chunming (People's Republic of China), Madame Maria Eletta Martini (Italy), Dr Eiichi Nakamura (Japan), H.E. Adel Cortas (Lebanon), H.E. Dr Ernesto Salmerón Bermúdez (Nicaragua) were elected Vice-chairpersons of the Conference. Dr Guy Nantel (Canada) and Dr M'Barek Essatara (Morocco) were elected as general Rapporteurs.

8. The Conference adopted the provisional agenda and timetable as presented in document ICN/92/INF/2. The Rules of Procedure and the Organization of Work were adopted as contained in documents ICN/92/3 and PREPCOM2/ICN/92/FINAL REPORT.

9. Mr Edouard Saouma, Director-General of FAO welcomed the delegates and expressed his pleasure and honour in hosting the first world conference on nutrition together with WHO. He recalled that the mandate for the Conference came from the entire United Nations and welcomed the participation of non-governmental organizations in the ICN.

10. Mr Saouma emphasized that humans' most fundamental need and right is access to sufficient supplies of nutritionally adequate food. He deeply regretted the explosion of food crises due to natural disasters, war and the collapse of economic and political systems and stated that we are duty-bound to intervene when populations face famine.

11. It is always the poor who are at risk of malnutrition, Mr Saouma observed. The ICN intends to awaken the sense of individual and collective responsibility and commitment to meeting the nutritional challenge inherent in fighting poverty.

12. Nutrition is one of the foundations of human society and human solidarity. Mr Saouma called for a constructive dialogue with the food industry, consumers, health professionals, as well as government representatives and international organizations, urging everyone to seize this extraordinary opportunity to allow all people to realize their full human potential.

13. Dr Hiroshi Nakajima, Director-General of the World Health Organization, called for a planetary pact to attack the problems of hunger, malnutrition and diet-related diseases. This conference, he noted, was the first of its kind where health and agriculture have joined together to address the nutritional security of all peoples, and as such, places nutrition in its rightful place in development policy.

14. Full participation of all multilateral, bilateral, and non-governmental organizations to support activities at the country level will be essential for success in alleviating and eventually eliminating nutritional problems and promoting universal health and nutritional well-being.

15. WHO pledged to work with countries in implementing their national plans of action along the lines of the World Declaration and Plan of Action for Nutrition. WHO will focus, in particular, its special efforts and resources on countries and populations in greatest need and on vulnerable groups worldwide; it will build on local experience and local initiatives.

16. Dr Nakajima emphasized that major improvements in nutritional well-being are within sight; our ultimate goal is the health and nutritional well-being for all, for a better, longer, and more productive life.

Agenda Item 2: General Discussion of the World Declaration and Plan of Action for Nutrition

17. The Conference met in Plenary on 5 December and from 7-9 December for general discussions on the World Declaration and Plan of Action for Nutrition. In Conference Plenary sessions 163 statements were made by heads of delegations from countries, non-governmental organizations, intergovernmental organizations and UN agencies.

18. Delegates described the food and nutrition situations in their countries. Undernutrition remains the dominant nutritional problem, but over the long term there has been a gradual reduction in the most severe forms of protein-energy malnutrition (PEM) and some micronutrient deficiencies. However, in areas

affected by food shortages, and particularly in Africa, severe PEM and micronutrient deficiencies are worsening or reappearing. At the same time, diet-related non-communicable diseases are increasing in many developing countries.

19. Delegates described the impact of social and economic conditions on food security and nutritional status, underlining the need for poverty alleviation and income generation; for assuring continued access to good quality and safe foods at affordable prices; for improving women's social and economic status; for providing health services and education, particularly instruction in child care, hygiene and nutrition; and for balancing population growth with available resources.

20. Delegates pointed out that slow economic progress, debt burdens and structural adjustment are major obstacles to rapid progress in alleviating the hunger and malnutrition problems of many developing countries. Implementing national plans of action to improve nutrition under these conditions will be a major challenge and many countries will require assistance.

21. Country statements emphasized that current world trade practices and policies could be detrimental to the economies of developing countries. Hope was expressed for a successful outcome to the GATT Uruguay Round along with concern about the consequences.

22. Delegates emphasized that peaceful resolution of conflicts, social stability and democracy are prerequisites to the improvement of nutritional status. Situations of conflict exacerbate the need for emergency food aid by accentuating poverty, displacing persons, and bringing about malnutrition.

23. Country delegations and NGOs recognized the need for cooperation and collaboration at the local, national, regional and international levels. In particular, international solidarity was highlighted as a key element for a successful follow-up to the ICN. It was recognized that some countries will require technical assistance in developing their national strategies. In order to assure measurable progress, national plans of action will need to define specific targets and quantifiable goals. The plans of action should adopt a multisectorial and multidisciplinary approach in defining coherent and realistic strategies. Delegates insisted on the importance of integrating nutritional concerns within national development plans to assure respect for human dignity.

24. The importance of monitoring and evaluation was emphasized and suggestions for an evaluation process on the implementation on the ICN Plan of Action were made. Delegations called for effective coordination between

international organizations in implementing the ICN World Declaration and Plan of Action for Nutrition, drawing attention to the role of the ACC/SCN in facilitating these efforts. Throughout the Conference, delegations expressed strong support for the Declaration and Plan of Action, and committed themselves to the development of their national plans of action. Indeed, the ICN process itself was reported to have stimulated the development of national plans.

Agenda Item 3: Consideration of Draft Texts of the World Declaration and Plan of Action for Nutrition

25. Mr H.E. Ibrahim Adam from Ghana was elected Chairman of the Commission of the Whole to review the draft texts. The Vice-Chairpersons elected were: Ing. Fernando Fuentes Mohr (Guatemala), Dr Peter Biacs (Hungary), Ms M.L.A.C. van den Assum (Netherlands) and Mr S.E. Assad Mustafa (Syria). The Drafting Committee to the Commission was comprised of Indonesia (Professor F.G. Winarno - Chair), Algeria, Austria, Czechoslovakia, Egypt, Germany, Islamic Republic of Iran, Nigeria, Norway, Panama, Philippines, Uruguay, and the United States of America.

26. The Commission met from 7 to 10 December 1992 to consider the World Declaration and Plan of Action for Nutrition. The Drafting Committee considered suggested modifications and prepared a revised Declaration and Plan of Action which was adopted by the Commission and submitted to the Plenary for final adoption.

Agenda Item 4: Adoption of the World Declaration and Plan of Action for Nutrition

27. The Chairman of the Commission of the Whole presented the World Declaration and Plan of Action for Nutrition as revised by the Commission to the 11 December 1992 Plenary Session. The World Declaration and the Plan of Action for Nutrition, following clarifications and minor amendments to the draft, were adopted unanimously. These are included as Part II of this report.

28. In adopting the World Declaration on Nutrition, the Mexican delegation expressed its support for the World Declaration. However, with regard to paragraph 9 of the World Declaration the representative from Mexico called attention to the UN Resolution 46/182 of December 1991 and pointed out its applicability to this paragraph.

29. Representatives of each of the Regional Groups (the United States of America for North America, Venezuela for Latin America, Iran for the Near East, Ghana for Africa, Bangladesh for Asia, Austria for Europe, and Australia for the Western Pacific) endorsed the ICN World Declaration and Plan of Action for Nutrition. They called for full and effective follow-up of the Plan of Action by all concerned, and stressed the willingness of their countries to work together to meet the challenges set by the World Declaration and Plan of Action for Nutrition.

30. Following adoption of the Provisional Report of the Conference, the Conference was adjourned.

PART II - WORLD DECLARATION AND PLAN OF ACTION FOR NUTRITION

WORLD DECLARATION ON NUTRITION

1. We, the Ministers and the Plenipotentiaries representing 159 states and the European Economic Community at the International Conference on Nutrition (Rome, December 1992), declare our determination to eliminate hunger and to reduce all forms of malnutrition. Hunger and malnutrition are unacceptable in a world that has both the knowledge and the resources to end this human catastrophe. We recognize that access to nutritionally adequate and safe food is a right of each individual. We recognize that globally there is enough food for all and that inequitable access is the main problem. Bearing in mind the right to an adequate standard of living, including food, contained in the Universal Declaration of Human Rights, we pledge to act in solidarity to ensure that freedom from hunger becomes a reality. We also declare our firm commitment to work together to ensure sustained nutritional well-being for all people in a peaceful, just and environmentally safe world.

2. Despite appreciable worldwide improvements in life expectancy, adult literacy and nutritional status, we all view with the deepest concern the unacceptable fact that about 780 million people in developing countries — 20 percent of their combined population — still do not have access to enough food to meet their basic daily needs for nutritional well-being.

3. We are especially distressed by the high prevalence and increasing numbers of malnourished children under five years of age in parts of Africa, Asia and Latin America and the Caribbean. Moreover, more than 2 000 million people, mostly women and children, are deficient in one or more micronutrients: babies continue to be born mentally retarded as a result of iodine deficiency; children go blind and die of vitamin A deficiency; and enormous numbers of women and children are adversely affected by iron deficiency. Hundreds of millions of people also suffer from communicable and non-communicable diseases caused by contaminated food and water. At the same time, chronic non-communicable diseases related to excessive or unbalanced dietary intakes often lead to premature deaths in both developed and developing countries.

4. We call on the United Nations to consider urgently the issue of declaring an International Decade of Food and Nutrition, within existing structures and available resources, in order to give additional emphasis to achieving the objectives of this World Declaration on Nutrition. Such consideration should give particular emphasis to the food and nutrition problems of Africa, and of Asia, Latin America and the Caribbean.

5. We recognize that poverty and the lack of education, which are often the effects of underdevelopment, are the primary causes of hunger and undernutrition. There are poor people in most societies who do not have adequate access to food, safe water and sanitation, health services and education, which are the basic requirements for nutritional well-being.

6. We commit ourselves to ensuring that development programmes and policies lead to a sustainable improvement in human welfare, are mindful of the environment and are conducive to better nutrition and health for present and future generations. The multifunctional roles of agriculture, especially with regard to food security, nutrition, sustainable agriculture and the conservation of natural resources, are of particular importance in this context. We must implement at family, household, community, national and international levels, coherent agriculture, animal husbandry, fisheries, food, nutrition, health, education, population, environmental, economic and social policies and programmes to achieve and maintain balance between the population and available resources and between rural and urban areas.

7. Slow progress in solving nutrition problems reflects the lack of human and financial resources, institutional capacity and policy commitment in many countries needed to assess the nature, magnitude and causes of nutrition problems and to implement concerted programmes to overcome them. Basic and applied scientific research, as well as food and nutrition surveillance systems, are needed to more clearly identify the factors that contribute to the problems of malnutrition and the ways and means of eliminating these problems, particularly for women, children and aged persons.

8. In addition, nutritional well-being is hindered by the continuation of social, economic and gender disparities; of discriminatory practices and laws; of floods, cyclones, drought, desertification and other natural calamities; and of many countries' inadequate budgetary allocations for agriculture, health, education and other social services.

9. Wars, occupations, civil disturbances and natural disasters, as well as human rights violations and inappropriate socio-economic policies, have resulted in tens of millions of refugees, displaced persons, war-affected non-combatant civilian populations and migrants, who are among the most nutritionally vulnerable groups. Resources for rehabilitating and caring for these groups are often extremely inadequate and nutritional deficiencies are common. All responsible parties should cooperate to ensure the safe and timely passage and

distribution of appropriate food and medical supplies to those in need, in accordance with the Charter of the United Nations.

10. Changing world conditions and the reduction of international tensions have improved the prospects for a peaceful solution of conflicts and have given us an opportunity as never before to redirect our resources increasingly towards productive and socially useful purposes to ensure the nutritional well-being of all people, especially the poor, deprived and vulnerable.

11. We recognize that the nutritional well-being of all people is a pre-condition for the development of societies and that it should be a key objective of progress in human development. It must be at the centre of our socio-economic development plans and strategies. Success is dependent on fostering the participation of the people and the community and multisectoral actions at all levels, taking into account their long-term effects. Shorter-term measures to improve nutritional well-being may need to be initiated or strengthened to complement the benefits resulting from longer-term development efforts.

12. Policies and programmes must be directed towards those most in need. Our priority should be to implement people-focused policies and programmes that increase access to and control of resources by the rural and urban poor, raise their productive capacity and incomes and strengthen their capacity to care for themselves. We must support and promote initiatives by people and communities and ensure that the poor participate in decisions that affect their lives. We fully recognize the importance of the family unit in providing adequate food, nutrition and a proper caring environment to meet the physical, mental, emotional and social needs of children and other vulnerable groups, including the elderly. In circumstances where the family unit can no longer fulfil these responsibilities adequately, the community and/or government should offer a support network to the vulnerable. We, therefore, undertake to strengthen and promote the family unit as the basic unit of society.

13. The right of women and adolescent girls to adequate nutrition is crucial. Their health and education must be improved. Women should be given the opportunity to participate in the decision-making process and to have increased access to and control of resources. It is particularly important to provide family planning services to both men and women and to provide support for women, especially working women, whether paid or unpaid, throughout pregnancy and breast-feeding and during the early childhood period. Men should also be motivated through appropriate education to assume an active role in the promotion of nutritional well-being.

14. Food aid may be used to assist in emergencies, to provide relief to refugees and displaced persons and to support household food security and community and economic development. Countries receiving emergency food aid should be provided with sufficient resources to enable them to move on from the rehabilitation phase to development, so that they will be in a position to cope with future emergencies. Care must be taken to avoid creating dependency and to avoid negative impacts on food habits and on local food production and marketing. Before food aid is reduced or discontinued, steps should be taken to alert recipient countries as much in advance as possible so that they can identify alternative sources and implement other approaches. Where appropriate, food aid may be channelled through NGOs with local and popular participation, in accordance with the domestic legislation of each country.

15. We reaffirm our obligations as nations and as an international community to protect and respect the need for nutritionally adequate food and medical supplies for civilian populations situated in zones of conflict. We affirm in the context of international humanitarian law that food must not be used as a tool for political pressure. Food aid must not be denied because of political affiliation, geographic location, gender, age, ethnic, tribal or religious identity.

16. We recognize the fact that each government has the prime responsibility to protect and promote food security and the nutritional well-being of its people, especially the vulnerable groups. However, we also stress that such efforts of low-income countries should be supported by actions of the international community as a whole. Such actions should include an increase in official development assistance in order to reach the accepted United Nations target of 0.7 percent of the GNP of developed countries as reiterated at the 1992 United Nations Conference on Environment and Development.[1] Also, further renegotiation or alleviation of external debt could contribute in a substantive manner to the nutritional well-being in medium-income countries as well as in low-income ones.

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1 "Developed countries reaffirm their commitments to reach the accepted United Nations target of 0.7 percent of GNP for ODA and, to the extent that they have not yet achieved that target, agree to augment their aid programmes in order to reach that target as soon as possible and to ensure prompt and effective implementation of Agenda 21. Some countries have agreed to reach the target by the year 2000. ... Those countries that have already reached the target are to be commended and encouraged to continue to contribute to the common effort to make available the substantial additional resources that have to be mobilized. Other developed countries, in line with their support for reform efforts in developing countries, agree to make their best efforts to increase their level of ODA. ..." (Report of United Nations Conference on Environment and Development, Rio de Janeiro, 1992, paragraph 33.13).

17. We acknowledge the importance of further liberalization and expansion of world trade, which would increase foreign exchange earnings and employment in developing countries. Compensatory measures will continue to be needed to protect adversely affected developing countries and vulnerable groups in medium- and low-income countries from negative effects of structural adjustment programmes.

18. We reaffirm the objectives for human development, food security, agriculture, rural development, health, nutrition and environment and sustainable development enunciated in a number of international conferences and documents.[2] We reiterate our commitment to the nutritional goals of the Fourth United Nations Development Decade and the World Summit for Children.[3]

19. As a basis for the Plan of Action for Nutrition and guidance for formulation of national plans of action, including the development of measurable goals and objectives within time frames, we pledge to make all efforts to eliminate before the end of this decade:

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

We also pledge to reduce substantially within this 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 breast-feeding;
- inadequate sanitation and poor hygiene, including unsafe drinking-water.

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[2] The World Food Conference, 1974; the Alma Ata Conference on Primary Health Care, 1978; the World Conference on Agrarian Reform and Rural Development, 1979; the Convention on the Elimination of All Forms of Discrimination Against Women, 1979, especially articles 12 and 13; the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, 1990; the Montreal Policy Conference on Micronutrient Malnutrition, 1991; the Rio Declaration on Environment and Development, 1992.

[3] See Annex I.

20. We resolve to promote active cooperation among governments, multilateral, bilateral and non-governmental organizations, the private sector, communities and individuals to eliminate progressively the causes that lead to the scandal of hunger and all forms of malnutrition in the midst of abundance.

21. With a clear appreciation of the intrinsic value of human life and the dignity it commands, we adopt the attached Plan of Action for Nutrition and affirm our determination to revise or prepare, before the end of 1994, our national plans of action, including attainable goals and measurable targets, based on the principles and relevant strategies in the attached Plan of Action for Nutrition. We pledge to implement it.

PLAN OF ACTION FOR NUTRITION

I. INTRODUCTION

1. General

1. Despite considerable progress in recent decades, the world still falls far short of the goal of adequate food and nutrition for all. Over 780 million people, mainly in Africa, South Asia and Latin America, do not have enough food to meet their basic daily needs for energy and protein. More than two billion people subsist on diets that lack the essential vitamins and minerals required for normal growth and development and for the prevention of premature death and disabilities such as blindness and mental retardation. At the same time hundreds of millions suffer from diseases caused or exacerbated by excessive or unbalanced dietary intakes or by the consumption of unsafe food and water.

2. Eradicating hunger and malnutrition is within the reach of humankind. Political will and well-conceived policies and concerted actions at national and international levels can have a dramatic impact on these nutrition problems. Many countries, including some of the poorest, have adopted and taken measures to strengthen food, nutrition, agriculture, education and health and family welfare programmes, which have dramatically reduced hunger and malnutrition. The current challenge is to build upon and accelerate the progress already made.

3. This global Plan of Action for Nutrition is designed to provide guidelines for governments, acting in partnership with non-governmental organizations (NGOs), the private sector, local communities, families and households and the international community, including international organizations, multilateral financing institutions and bilateral agencies, to achieve the objectives of the World Declaration on Nutrition adopted by the International Conference on Nutrition (ICN). It contains recommendations on policies, programmes and activities that resulted from an intensive ICN consultative process involving country-level preparations of national plans and regional consultations that included country representatives. It also represents the drawing together of a wide range of expert opinion from around the world on the many facets of problems that must be vigorously attacked to achieve proper nutritional status for all on a sustainable basis. Thus, this Plan of Action builds upon preceding work and represents a major step in preparing and implementing national nutrition improvement plans in coming years.

4. Coherent and effective action at local, national and international levels to achieve nutritional well-being is imperative. However, resources, needs and problems vary between and within countries and regions of the world. Therefore, the situation in each country and region needs to be assessed in order to set priorities for formulating specific national and regional plans of action, giving tangible expression to policy-level commitments to improve the nutritional well-being of the population. This should entail considering nutritional impacts of overall development plans and of all relevant sectoral development policies and plans. These plans should identify short- and long-term priority areas for action; specify goals, which should be quantified where feasible, to be achieved within specified time frames; define the roles of relevant government ministries, local communities and private institutions; and, as appropriate, include estimates of resources that are required. The plans should take into account the goals set forth in the World Declaration on Nutrition and be formulated by governments with the active participation of academic and local communities, NGOs and the private sector.

2. Overall objectives

- **Ensuring continued access by all people to sufficient supplies of safe foods for a nutritionally adequate diet**

5. To achieve satisfactory nutritional status, it is essential to ensure continued access to sufficient supplies of a variety of safe foods at affordable prices and of safe drinking-water so that all people, especially the poor and vulnerable groups, can have nutritionally adequate and safe diets. This is an issue of supreme importance to the many millions of people worldwide who currently suffer from persistent hunger, malnutrition and micronutrient deficiency diseases and to those others who are at risk of suffering in the future.

- **Achieving and maintaining health and nutritional well-being of all people**

6. Good nutritional status is dependent upon each person having appropriate intakes of macronutrients and micronutrients, combined with adequate health and care and access to safe drinking-water. Nutritional status also depends on the availability of sufficient knowledge about appropriate diets, taking into account local food habits to prevent problems of undernutrition and of diet-related non-communicable diseases. Healthy and properly nourished people are both the

result of successful development and contributors to it. Nutritional well-being should be adopted as a key objective in human development and must be at the centre of development strategies, plans and priorities.

- **Achieving environmentally sound and socially sustainable development to contribute to improved nutrition and health**

7. Development policies and programmes in developed and developing countries should be sustainable and environmentally sound and lead to improved nutrition and health for both present and future generations. Equally important is the implementation of agricultural, food, health, family welfare, population, education and development policies that will achieve and maintain a balanced relationship between population needs and available resources as well as between rural and urban areas.

- **Eliminating famines and famine deaths**

8. Food emergencies that deteriorate into famines are, in many cases, an indication of a lack of emergency preparedness. While the development of national early warning systems and the existence of emergency food reserves can help to avoid famines, other factors, such as open political environments at local and central levels and a free press, are crucial.

II. MAJOR POLICY GUIDELINES

- **Commitment to promoting nutritional well-being**

9. Each country should make firm social, economic and political commitments to achieving the objective of promoting the nutritional well-being of all its people as an integral part of its development policies, plans and programmes in the short and long run. At the same time, agriculture, health, education and social welfare, as well as all other relevant sectors and ministries, should consider and, where appropriate, incorporate nutrition objectives into their plans, programmes and projects. They should also strengthen their capacity to foster public awareness and social responsiveness as well as to implement and monitor the progress of these programmes and projects. Equally necessary is ensuring coordination through adequate mechanisms to harmonize, promote and monitor programmes of different ministries, NGOs and the private sector to improve nutritional status.

- **Strengthening agricultural policies**

10. Agricultural and overall economic policies should seek to preserve and enhance the productive capacity of agriculture where appropriate, to foster the sustainable growth of agricultural productivity and to create conditions that enable the agricultural sector to fulfil its multifunctional role as a source of food, employment, income and natural products delivered through sound natural resource management. Problems of local food shortages should be addressed through a judicious combination of production, trade and appropriate levels of national, regional and local stocks, with due regard given to the principles of an open international economic system.

- **Environmentally sound and sustainable development**

11. Assuring access to adequate and safe food supplies, health care, education and related services can and must be achieved by using sustainable measures that are environmentally sound. This requires careful planning and utilization of natural resources to meet the nutritional and other needs of the growing world population on a lasting basis without jeopardizing the capacity to meet the needs of future generations. Providing incentives and motivating farmers to adopt sustainable and efficient practices are essential.

- **Growth with equity: the need for both economic growth and equitable sharing of benefits by all segments of the population**

12. Development strategies to reduce poverty and ensure better nutrition for all should be oriented towards achieving economic growth with equity, ensuring social justice and protecting and promoting the well-being of all, particularly of vulnerable groups. Policies that discriminate against people on the basis of gender, age, ethnic, tribal, religion, political affiliation or other grounds militate against social justice. All people in all societies must have equitable access to economic resources and opportunities, adequate and safe food, healthy living conditions and health services, clean water, sanitation and education and related services since these are basic requirements for nutritional well-being.

- **Priority given to the most nutritionally vulnerable groups**

13. Infants, young children, pregnant and nursing women, disabled people and the elderly within poor households are the most nutritionally vulnerable groups. Priority must be given to protecting and promoting their nutritional well-being. Towards this end, their access to adequate care within the household and to

health, education and other basic social services, such as family planning, maternal and child health (MCH) clinics and social security schemes, should be ensured. Special attention must be given to the nutritional, health and educational needs of female children and adolescents, which have often been overlooked in the past. Other groups that may be at risk include some indigenous populations, refugees and displaced persons, and these groups may require particular care and services to ensure their nutritional well-being.

- **Focus on Africa**

14. The dramatic deterioration of the nutrition situation in Africa is of serious concern and demonstrates the vulnerability of much of the African population. It calls for tangible and sustained support from the international community. In this context, support should be given to the proposals for combating drought and desertification in Africa and in other countries facing similar situations adopted by the United Nations Conference on Environment and Development in 1992. This support must also be given to proposals to promote and protect agriculture and farmers' organizations. The initiative of the OAU, in cooperation with FAO, WHO, UNICEF and other relevant international organizations, to develop a Regional Nutrition Strategy emphasizing the need for the implementation of national plans of action is strongly commended and should be concretely supported.

- **People's participation**

15. People-focused policies for nutritional improvement must acknowledge the fact that people's own knowledge, practices and creativity are important driving forces for social change. Local community involvement, including that of families and households, is a prerequisite for improving food production and sustaining access to food and for instituting adequate nutrition improvement programmes and projects. The importance of the informal sector in the processing and distribution of food should be recognized. Special efforts must be made to ensure the genuine participation of all people, particularly the poor and the marginalized, in the decisions and actions that are of concern to them in order to improve self-reliance and assure positive results. All relevant sectors of government should act in concert with communities and, as appropriate, with NGOs. Community involvement should lie not only in their indicating their perceived priorities but also in planning, managing and evaluating community-based interventions. Communities must be empowered to achieve sustained

nutrition development. People's needs should be the focus for all partners in development in the identification of problems and in the planning, implementation and evaluation of intervention.

- **Focus on women and gender equality**

16. Women are inherently entitled to adequate nutrition in their own right as individuals. They need to constantly balance their reproductive, nurturing, educational and economic roles, which are so important to the health and nutritional well-being of the household and of the entire community. Indeed, they are the main providers of meals, care and nutrition information in the household and they have a fundamental role in assuring improved nutritional status for all. Women play a key role in the socio-economic development of rural areas and in many societies they are also the main producers of food. Special attention should be given to the nutrition of women during pregnancy and lactation. All forms of discrimination including detrimental traditional practices against women must be eliminated in accordance with the 1979 Convention on Elimination of All Forms of Discrimination Against Women. In order to promote and ensure meaningful equality between men and women, women's roles in the community must be understood. This will facilitate the sharing of their workload and responsibilities with other household members. Equity in the allocation of food between girls and boys must be promoted. Women and girls should be afforded equitable access to economic opportunities and to educational and training opportunities. Legal measures and social practices should guarantee women's equal participation in the development process by ensuring their access to and right to utilize productive resources, markets, credit, property and other family resources. Women and men should have equal access to programmes on family life education, which among other things would enable couples to plan the spacing of their children. In addition to improving education of women, and taking into account the role of men in controlling resources and in determining the nutritional status of household members, the nutrition education of men and boys should be enhanced. FAO and WHO have been requested to participate actively in the Fourth World Conference on Women to be held in Beijing, the People's Republic of China, in 1995 and to provide documentation for that conference, in close collaboration with the World Bank, UNDP, UNICEF and other relevant UN bodies, on the importance of women's and young girls' nutritional well-being and health for their own development and for the social and economic development of their countries.

- **Development of human resources**

17. Nutritional well-being is a prerequisite for the achievement of the full social, mental and physical potential of a population so that all people can lead fully productive lives and contribute to the development of the community and the nation with dignity. This implies that improving access to food supplies and to health, education and social services contributes to the development of people. It is also necessary to develop and strengthen capacities for planning, managing and evaluating activities, as well as for providing services, through the training of adequate numbers of personnel in relevant disciplines, particularly in food and nutritional sciences. It is also necessary to strengthen the teaching of nutrition in universities, medical and agricultural faculties, schools of health sciences and other concerned educational institutions.

- **Population policies**

18. Population policies need to have pride of place in the strategy for ensuring adequate nutrition for all, at all times. Countries should devise appropriate population policies, programmes and family planning services to allow prospective parents to freely and knowingly determine the number of their children and the spacing of their births, taking into account the interests of present and future generations. Relevant international organizations are encouraged to participate actively in the World Conference on Population and Development to be held in Cairo, Egypt, in September 1994.

- **Health policies**

19. Health is an essential element of human development requiring the action of many social and economic sectors in addition to that of the health sector. The gross inequality in the health status of people now existing between developed and developing countries as well as within countries is unacceptable and requires urgent political, social and economic attention. Inadequate health care can have serious adverse effects on nutritional status. Governments have a responsibility to protect and promote the health of their people and should formulate national policies, programmes and services in accordance with the strategy for Health for All.[4]

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[4] *Global strategy for Health for All by the year 2000*, Health for All Series No. 3, WHO, Geneva, 1981.

- **Promoting nutritional well-being through strengthened economic and technical cooperation among countries**

20. Increased economic and technical cooperation among countries can be of particular importance in promoting nutritional well-being. Regional discussions that were part of the preparations for the ICN highlighted the value of increased cooperation among developing countries and within and between regions in tackling common problems, in learning from each other's experiences and, where possible, in channelling regional resources to regional problems in the spirit of economic and technical cooperation among developing countries. Such cooperation exists in many regions and must be strengthened with appropriate support from international organizations. Increased economic and technical cooperation among developed and developing countries is also essential to decrease the existing disparities in the use of food resources.

- **Allocating adequate resources**

21. To achieve the objective of nutritional well-being, it is essential that adequate financial, technical and in-kind resources for implementing necessary programmes and projects are provided. Each country should therefore make all efforts to allocate the resources needed for this purpose. As some of the programmes might need resources that are currently beyond the capacity of many developing countries, the international community, particularly bilateral agencies, multilateral financing institutions and international organizations, should support country efforts in this direction. Important ways in which the international community can assist include an increase in official development assistance in order to reach the accepted UN target of 0.7 percent of the GNP of developed countries as reiterated at the 1992 UN Conference on Environment and Development. Economic assistance measures should be designed in such a way that they promote the long-term financial and economic stability of a recipient country.

III. INTERSECTORAL ISSUES

22. Improved nutrition requires the coordinated efforts of relevant government ministries, agencies and offices with mandates for agriculture, fisheries and livestock, food, health, water and public works, supplies, planning, finance, industry, education, information, social welfare and trade. It also requires the cooperation of universities and research institutions; food producers, processors and marketers; the health care community; educators at all levels; the media and

NGOs involved in all of these sectors. Therefore, national intersectoral coordination mechanisms are needed to ensure the concerted implementation, monitoring and evaluation of policies, plans and programmes. Community involvement is imperative in all aspects of planning and execution of nutrition improvement activities.

23. Many intersectoral issues must be addressed in policies and programmes to improve nutrition, with close cooperation and coordination by all. Among these issues are:

(a) creating, building and strengthening government institutions and community and private infrastructure to address nutritional problems, with special attention given to management and training skills;

(b) carrying out a wide range of nutrition training in the agriculture, health, economic and education sectors;

(c) using mass media to increase awareness and promote better nutrition;

(d) strengthening relevant research on identified problems and developing effective interventions through, *inter alia*, the building of institutional capacity and the provision of adequate financial support to research;

(e) strengthening educational systems and social communication mechanisms to improve and implement nutritional knowledge, especially at the individual, family and community levels;

(f) creating better monitoring and surveillance systems and mechanisms related to food, nutrition, health and education to assure positive policy and programme responses to surveillance and monitoring.

24. These common and essential issues are discussed as appropriate in the thematic areas in the following section of this Plan of Action.

IV. STRATEGIES AND ACTIONS

25. The basic goal of protecting and promoting nutritional well-being for all will be achieved only through a combination of policies involving various sectors at various levels of responsibility. Based on the worldwide consultations held in preparation for the ICN, actions to be considered by governments in their efforts to improve nutrition are presented below. These are grouped under nine action-oriented themes, allowing each sector and actor to determine how it can best address nutritional problems, taking into account the specific needs and conditions in each country.

1. Incorporating nutritional objectives, considerations and components into development policies and programmes

26. Significant improvements in nutrition can result from the incorporation of nutritional considerations into the broader policies of economic growth and development, structural adjustment, food and agricultural production, processing, storage and marketing of food, health care, education and social development. Such policies have an impact on nutrition through food availability and prices, incomes, environmental conditions and health status, care and feeding practices and other socio-economic factors. Development policies and programmes can also have varying impacts on the nutritional well-being of different population groups.

27. Efforts to improve nutritional well-being should be based on the recognition of improved human welfare in harmony with the environment and nature as the primary goal of social and economic development. While a population's nutritional status is determined by an array of social, economic, environmental and biological factors that affect its ability to acquire, consume and effectively utilize food adequate for its needs, a healthy well-nourished population is also essential for successful social and economic development. Improving nutrition should therefore be seen both as a goal of development in its own right and as a means of achieving it. Recognizing that the sustainable development of food and nutrition security needs to be addressed simultaneously with economic growth, governments, in collaboration with all parties concerned and supported where necessary by appropriate legislative measures, should:

(a) Analyse the effects of macro-level policies and sectoral or integrated development plans on nutritional well-being, especially of the most vulnerable population groups. This would entail the elaboration of a common understanding of the relative importance

of various determinants of nutritional status for different population groups and of how various policies may affect nutrition through their impacts on food security, health status, care and feeding practices.

(b) Increase awareness among policy-makers and planners of the extent and severity of nutritional problems and of their causes, of the economic benefit of interventions and of how activities under their control can affect the nutritional status of different socio-economic groups.

(c) In countries where it is appropriate to do so, incorporate clear nutrition goals and components in national development policies and sectoral plans, programmes and projects, particularly in the areas of food and agriculture, livestock, fisheries, forestry, rural and urban development, commerce, infrastructure, credit, water and sanitation, health, education, environmental and social welfare, and adopt benchmarks of success with clear time frames and budget allocations, as appropriate.

(d) In countries where the operation of the market as a mechanism for the coordination of production and the consumption of food is relied upon, develop education and communication programmes so that nutrition objectives may be achieved through appropriate consumer choice, based on enhanced consumer awareness and knowledge, and encourage the development of social welfare policies that will enable the more vulnerable population groups to exercise informed dietary choice.

(e) Develop or strengthen the technical capacities of, and institutional mechanisms within, each relevant ministry and at intermediate levels of government to identify nutritional problems and their causes and to improve the planning, management and evaluation of programmes and development projects that affect nutrition. Links with appropriate research and training institutions should be strengthened as well.

(f) Establish a flexible national mechanism with strong technical support to promote effective intersectoral cooperation, to keep the nutrition situation in the country under continuous review and to facilitate the development of national nutrition policies and programmes.

(g) Encourage and support the full involvement of communities and the participation of the people in the identification of their own nutritional problems as well as in the implementation, monitoring and evaluation of development programmes.

(h) Encourage the private sector, including small-scale producers and processors, industry and NGOs to promote nutritional well-being by considering the impact of its activities on nutritional status.

(i) Assess the impact of new development programmes and projects on nutrition to clearly identify the potential benefits for or risks to nutritional well-being, particularly among vulnerable population groups.

(j) Develop and use relevant indicators of nutritional well-being to monitor progress in social and economic development and establish appropriate mechanisms to regularly provide information on the population's nutritional status and factors affecting it, especially that of vulnerable groups, to policy-makers and planners and all interested sectors, both private and public.

(k) Incorporate appropriate and relevant elements of nutrition in school curricula starting from primary school.

(l) With a view to improving nutrition, direct additional investment into agricultural research where necessary to:

- address the problem of seasonality through diversification in food production, including fruits and vegetables, livestock, fishery and aquaculture;
- promote environmentally sound and economically viable farming systems to increase crop production and maintain soil quality to encourage resource management and resource recycling;

- encourage the development of safe biotechnology in animal and plant breeding and facilitate the exchange of new advances in biotechnology related to nutrition;
- develop techniques that decrease post-harvest crop losses and improve food processing, storage and marketing;
- develop and disseminate technologies that respond to women's needs and ease the workload of women;
- improve extension services to cooperate more effectively with farmer and consumer communities in identifying research needs;
- improve training methods at the international, national and local levels to ensure dissemination of new technologies;
- address the needs of small and poor farmers including those dependent on poor quality or fragile land;
- develop technology and systems applicable to small-scale agriculture;
- encourage intensive food production at the farm and household levels, taking account of prevailing local conditions;
- develop more effective techniques for the traditional production of food at the household and community levels.

28. International, bilateral and regional agencies should assist and strengthen national capabilities to incorporate nutritional considerations into national development in countries where it is appropriate to do so.

2. Improving household food security

29. Food security is defined in its most basic form as access by all people at all times to the food needed for a healthy life. Achieving food security has three dimensions. First, it is necessary to ensure a safe and nutritionally adequate food supply both at the national level and at the household level. Second, it is necessary to have a reasonable degree of stability in the supply of food both from one year to the other and during the year. Third, and most critical, is the need to ensure that each household has physical, social and economic access to enough food to meet its needs. This means that each household must have the knowledge and the ability to produce or procure the food that it needs on a sustainable basis. In this context, properly balanced diets that supply all necessary nutrients and energy without leading to overconsumption or waste should be encouraged. It is also important to encourage the proper distribution of food within the household, among all its members.

30. The right to an adequate standard of living, including food, is recognized in the Universal Declaration of Human Rights. Food security should be a fundamental objective of development policy as well as a measure of its success. Household food insecurity affects a wide cross-section of the population in both rural and urban areas. The food-insecure socio-economic groups may include: farmers, many of them women, with limited access to natural resources and inputs; landless labourers; rural artisans; temporary workers; homeless people; the elderly; refugees and displaced persons; immigrants; indigenous people; small-scale fishermen and forest dwellers; pastoralists; female-headed households; unemployed or underemployed people; isolated rural communities; and the urban poor. Increasing the productivity and incomes of these diverse groups requires adopting multiple policy instruments and striking a balance between short-term and long-term benefits. The choice of policies must be attuned to the characteristics of a country's food security problem, the nature of the food-insecure population, resource availability and infrastructural and institutional capabilities at all levels of government and communities. Breast-feeding is the most secure means of assuring the food security of infants and should be promoted and protected through appropriate policies and programmes.

31. Bearing the above in mind, in countries where the food-chain is not secure and household food insecurity is a problem, governments, NGOs and non-profit organizations, the private sector and international organizations should, as appropriate, work in a collaborative manner to:

(a) Adopt development strategies to create conditions for economic growth with particular focus on the alleviation of poverty, food security and sustainable agricultural systems.

(b) Strike an optimal balance between macroeconomic policy objectives and food security needs, minimize the possible adverse impact of structural adjustment programmes on the food security of the poor and, where some negative effects are unavoidable, introduce appropriate measures to alleviate these hardships. In the countries concerned, governments and international organizations should promote programmes that will increase food production and, where appropriate, agricultural trade, so that poor countries and poor segments of a population have improved access to food. International lending practices should be re-examined and long-term action must be planned to maintain food supplies at those levels required to meet the needs of growing populations.

(c) Adopt and implement land-use policies where appropriate to enhance food security through the setting aside of adequate areas of agricultural lands and aquatic and other natural resources for the production of food and other sources of nutrition.

(d) Adopt policies and programmes to strengthen local leadership, including balanced gender training; enhance community involvement; promote people's participation; develop rural areas to stem rural-urban migration; and empower women, both as producers and consumers. Women and women's organizations are often very efficient, effective and fundamental in improving household food security.

(e) Adopt special programmes that will enhance productivity with a view to reducing costs and increasing and stabilizing production and incomes of the poor. Such programmes could include improving the access of small-scale producers to inputs, credit and other essential services, as well as to markets through improved infrastructure. The role of agricultural cooperatives and effective extension services in increasing production and producer incomes should be stressed.

(f) Improve access to work opportunities or production factors for urban and rural workers, female heads of households, those employed in the informal sector and unemployed and underemployed people by stimulating the creation of jobs, increasing their skills, providing credit on easy terms and increasing the availability of improved technologies, other inputs and means of production.

(g) Improve access to land and other natural resources by introducing and implementing agrarian reforms and, in particular, through the effective implementation of tenancy reforms and the promotion of efficient utilization of agricultural resources and resettlement in new lands, wherever feasible. Such actions must be taken in full compliance with applicable international laws and agreements.

(h) Increase employment opportunities, particularly in rural areas, by encouraging the private sector to augment such opportunities in agriculture, industry, handicraft and business.

(i) Stabilize food supplies through adequate stockholding in the form of strategic food security reserves as a first line of defence in emergencies; improve post-harvest handling, packaging, storage, preservation, transport and distribution of food to reduce losses at all stages; enhance animal health and production possibilities including fish farming and attention to fisheries resources; ensure a stable supply of fuel for cooking meals; carry out research and introduce measures to improve production, utilization and preservation of indigenous and traditional foods; improve rural food processing technologies; increase marketing facilities at the village, cottage and industrial levels to smooth the food supply flow throughout the year; introduce a variety of cropping strategies, such as crop rotation, mixed cropping, biological inputs and planting of perennial fruit-bearing trees, and develop other agroforestry approaches; ensure an adequate supply of clean and safe water; promote household and community gardens; and ensure the sustainability of food supplies by employing production and marketing systems based on safe and renewable resources that protect the environment and biodiversity.

(j) Improve emergency-preparedness planning through: effective early warning and other information systems; food security reserves; preparation of contingency plans of action to meet emergencies; and enhancing the entitlement of affected people through, for example, public-works programmes; as well as introduce measures to prevent natural disasters, such as irrigation schemes, flood control schemes, etc. In this respect, the international community can play an important role by providing timely and well-targeted food aid and other technical and financial assistance, particularly in the form of food-for-work programmes and for rehabilitation. Coordinated action of relevant organizations of the UN system is of particular importance in this context. Food aid should not interfere with, or be considered as a substitute for, local food production. The special needs of refugees and displaced persons, these include people affected by wars, civil unrest or natural disasters, should be given priority attention in food aid programmes. The provision of food supplies should strive to meet minimal nutritional requirements. NGOs can also provide significant help through effective and appropriate disaster

management training at all levels, early warning, food and nutrition surveillance schemes, nutrition education, resource mobilization and action-oriented programme implementation.

(k) Strengthen planning of food-related assistance programmes so that they reach the population in need without disrupting the local economy or local food habits including food production and marketing. Such programmes could include food distribution systems, particularly for the poor and unemployable, and income transfer schemes, such as targeted food subsidies, food stamps and feeding programmes for vulnerable groups with a view to promoting nutritionally adequate diets. In particular, introduce self-targeting food distribution and income transfer schemes for those foods consumed primarily by the poor by locating public food distribution centres in areas where the poor live, taking into account that these populations should be able to select nutritionally adequate diets from the range of foods available.

(l) Strengthen the coping mechanism of the household to meet emergencies by improving its capacity to protect itself from the impact of an emergency through, for example: household and community food storage; group savings and credit schemes; diversification of income and employment sources; and improved marketing infrastructures. Action could also include helping the household when the emergency occurs, for example, by supplying seeds for growing short-term crops, by providing food aid, livestock feed and water and, when the emergency is over, by introducing rehabilitation measures to help the household recover from adverse effects of the emergency.

(m) Adopt or strengthen a public sector policy supporting labour-intensive public works programmes and programmes to reduce geographical isolation, especially in sub-Saharan Africa where priority actions are needed to quickly alleviate acute nutritional problems. Labour-intensive infrastructure programmes are one of several valuable instruments that may be used to improve employment, income and access to food. They transfer and stabilize benefits, thus decreasing the risk of consumption shortfalls among the poor, and can strengthen needed infrastructure, such as

roads, to facilitate better trade and movement of foods from rural to urban centres, promote resource conservation or irrigation and land development or combat such problems as desertification.

(n) Encourage necessary research by governmental, international and private institutions to promote household food security through better food production, handling and storage and prevention of food losses, crop and genetic diversity, and improved food processing, preservation and marketing. Research should be done on household handling of food and intrafamily food distribution to assure adequate food availability and to protect the nutritional value of food and prevent food losses and wastage. Such research can enhance rural employment and promote the role of women, in particular, in all aspects of food production, processing and marketing. Research should also be carried out on appropriate cost-effective indicators to measure household food security problems and to measure progress of appropriate programmes in solving those problems.

(o) Promote better general and nutritional education to eliminate illiteracy and improve knowledge in the selection of a safe and adequate diet and of food production, processing, storage and handling techniques at all levels, especially the household level. Programmes should be directed at household leaders, with particular focus on women, and should also include home economics education for both boys and girls. The awareness of men and women of the benefits of limiting household size and the advantages of family planning practices should be increased. The role of mass media in delivering positive nutrition improvement messages and eliminating harmful food taboos should be emphasized. It is important to develop and carry out public information campaigns to improve the quality of nutrition through better use of available food supplies by the households and to promote recognition of the fact that each member of a household should be able to share fairly in available food resources irrespective of sex, age or any other individual characteristic.

(p) International financial and specialized agencies should give high priority to assisting countries with their programmes for strengthening household food security. The nature of such support may be increased investment in production enhancement projects

such as irrigation, soil fertility improvement and soil and water conservation, intensification of agriculture or assisting countries undertaking structural adjustment. Assistance should also include technology transfer adapted to the local conditions in developing countries to improve food production and processing while protecting intellectual property rights as appropriate; the training of personnel at all levels; and the establishment of a suitable economic environment to improve the competitiveness of developing countries.

3. Protecting consumers through improved food quality and safety

32. A safe food and water supply of adequate quality is essential for proper nutrition. The food supply must have an appropriate nutrient content and it must be available in sufficient variety and quantity. It must not endanger consumer health through chemical, biological and other contaminants and it must be presented honestly. Food safety and quality control ensures that the desirable characteristics of food are retained throughout the production, handling, processing, packaging, distribution and preparation stages. This promotes healthy diets, reduces food losses and encourages domestic and international food trade. Food quality encompasses the basic composition of foods and aspects concerning food safety. Consumers have the right to a good quality and safe food supply, and government and food industry actions are needed to ensure this. Effective food quality and safety control programmes are essential and may comprise a variety of measures, such as laws, regulations and standards, together with systems for effective inspection and compliance monitoring including laboratory analysis. Where appropriate, governments, in close collaboration with other interested parties, should:

(a) Adopt and strengthen comprehensive measures to cover the control of food quality and safety with a view to protecting the health of consumers and producers and ensuring sound production, good manufacturing and fair trade practices. Where measures exist they should be regularly reviewed and updated, as appropriate, for better producer and consumer protection.

(b) Establish measures to protect the consumer from unsafe, low quality, adulterated, misbranded or contaminated foods. Measures should include provisions for minimum acceptable levels of food quality and safety, for differences in the ways in which food is produced, processed, packaged, labelled and stored, as well

as for the conditions under which it is presented and purveyed. Food regulations should also cover the fortification of foods with micronutrients and should fully take into account the recommended international standards of the Codex Alimentarius Commission. Food labels should be clear and easy to understand and attention should be given to harmonizing labelling requirements; better information on nutrient analysis and food composition is needed for this task. Measures to assist individuals with food intolerances should be considered. Claims in food labelling or advertising should be carefully controlled and false or misleading claims should be prohibited. FAO and WHO should encourage greater involvement of developing countries in Codex activities and review avenues to facilitate such participation and they should find appropriate means of making contact with concerned food control institutions and provide them with information and technical knowledge in this field.

(c) Give high priority to establishing food safety and quality control infrastructures, including food inspection, sampling and laboratory facilities to enforce the law and regulations, to ensure that food products comply with applicable requirements for domestic consumption or export.

(d) Give consumer and producer organizations rights of consultation with advisory and decision-making bodies and facilitate open and transparent access to information and participation in the establishment of food safety, quality control and labelling standards. Also, establish or strengthen mechanisms to resolve consumer problems with the food supply. Cooperation should be fostered among the food sector, government and consumers.

(e) Establish effective working relationships with the food industry, including producers, processors and purveyors of food, in order to ensure that food industry quality control systems are adequate to secure compliance with requirements of the law and regulations. Primary responsibility for production, manufacturing and distribution of the food supply rests with the farming, agricultural processing and retailing sectors. Thus the food industry should provide safe, wholesome, nutritious and palatable foods so that the health of consumers is protected.

(f) Support international and multilateral efforts to extend and enhance food standards and food-labelling programmes. Developing countries should be provided with international technical assistance to improve their food safety and quality programmes for domestic markets and international trade.

(g) Develop the human resources required for designing, implementing and monitoring food and water quality control systems. Education and training in the safe handling of agrochemicals are essential for farmers and for food handlers, both commercial and domestic.

(h) Implement, through national legislation, regulation and other appropriate measures, existing international agreements on the marketing and distribution of agrochemicals, such as the International Code of Conduct on the Distribution and Use of Pesticides.

(i) Promote the development of sustainable and ecologically sound agricultural practices and integrated pest management and strengthen research and extension programmes that help facilitate their adoption. Techniques that help reduce the use of agricultural chemicals should be encouraged.

(j) Support consumer education to contribute to an educated and knowledgeable public, safe practices in the home, community participation and active consumer associations. FAO and WHO should provide member countries with material on food quality and safety for use in consumer education programmes.

(k) Promote research on food quality and safety, including weaning products and street foods, taking into account the socio-economic conditions of production, handling and storage technologies.

(l) Develop surveillance and monitoring programmes for food-borne diseases and contaminants.

(m) Ensure that foods for emergency feeding programmes for refugees and displaced persons are of good quality and safe for consumption. Mechanisms should be established to monitor specific problems such as pest infestation, contaminants and product age and to promote the exchange of relevant information.

4. Preventing and managing infectious diseases

33. The interaction of infection and malnutrition has an overwhelming impact on health status, particularly in lower socio-economic groups. It is a major cause of death, sickness and disability in infants and young children and an important contributor to women's ill health and reproductive problems. Preventing, controlling and correctly managing infections improves nutritional well-being and markedly enhances the productivity of the adult population. Governments, in cooperation with all concerned parties, should:

(a) Adopt or strengthen, as appropriate, measures to ensure that safe food and safe water supplies are readily available in sufficient quantities to provide adequate environmental sanitation for all and to improve waste disposal systems.

(b) Prevent food-borne and water-borne diseases and other infections in infants and young children by encouraging and enabling women to breast-feed exclusively during the first four to six months of their children's lives.

(c) Promote sound weaning practices by encouraging the use of nutritionally adequate, safe and appropriate locally available foods.

(d) Provide or strengthen, as appropriate, specialist education for health workers and general education and specific nutrition and health information for communities, parents and individuals, enabling them to provide safe and adequate diets and effectively prevent and manage infections. This would include providing training and information on food, sanitation and primary health care, particularly the management of diarrhoea, and on dietary needs throughout the life cycle, including periods of illness, for relevant health, agriculture and other extension workers at all levels.

(e) Prevent, control, eliminate and/or eradicate infectious, parasitic and other communicable diseases, including those spread by animal vectors, by improving the environment and ensuring adequate primary health care services, including immunization programmes, diarrhoeal disease control, control of acute respiratory infections and extending AIDS prevention and control programmes to all populations.

(f) Encourage intersectoral collaboration between agriculture, health and other relevant sectors to prevent and control infectious diseases, especially zoonoses. Close collaboration with NGOs and the private sector should be ensured.

(g) Ensure and support nutrition management, where shown to be effective, in the prevention and reduction in severity of infectious diseases.

(h) Promote research on nutrition-related aspects of transmission and management of infectious diseases, taking into account all socio-economic aspects, and ensure the application of relevant findings.

5. Promoting breast-feeding

34. Breast-feeding provides infants and young children with the ideal nutrition. Together with its many beneficial effects, such as those on child spacing and the prevention of disease, it is the most inexpensive form of infant feeding. All women should be enabled to breast-feed their babies exclusively for the first four to six months, and, while giving appropriate supplementary food, to continue breast-feeding for up to two years or more. In order to do so, the international community needs to create awareness and provide maximum support to women to breast-feed, and governments and concerned parties of the private sector should:

(a) Support and encourage mothers to breast-feed and adequately care for their children, whether formally or informally employed or doing unpaid work. ILO conventions and regulations covering this subject may be used as a starting-point for the States that agree with these conventions and regulations.

(b) Make all efforts to have maternity facilities take part in the "Baby Friendly Hospital Initiative" of WHO and UNICEF, incorporating the good practices described in the joint WHO/UNICEF statement on protection, promotion and support of breast-feeding through improved maternity services. These sound practices should also be used as a guideline as adapted to home deliveries.

(c) Encourage and support collaboration between health care systems and mother-support networks, including the family and the community, if necessary by promoting the establishment of mother-support groups.

(d) Take actions to give effect to the principles and aim of the International Code of Marketing of Breast-Milk Substitutes, as adopted by the 1981 World Health Assembly and reconfirmed by subsequent World Health Assembly resolutions.

(e) Ensure that health and other care providers receive high quality training in breast-feeding issues, using updated training material, and that they are informed about relevant national marketing regulations or policies.

(f) Ensure as far as possible that information disseminated on the feeding of infants and young children is consistent and in line with current scientific knowledge and take steps to counteract misinformation on infant feeding.

(g) Consider with utmost care issues regarding breast-feeding and human immunodeficiency virus (HIV) infection on the basis of the most up-to-date, authoritative scientific advice and referring to the latest WHO/UNICEF guidelines, and request that WHO, in close cooperation with UNICEF, breast-feeding and other experts, convene technical meetings on a regular basis to review the latest scientific publications on these issues and update the guidelines.

6. Caring for the socio-economically deprived and nutritionally vulnerable

35. Care refers to the provision in the household and community of time, attention, support and skills to meet the physical, mental and social needs of socio-economically deprived and nutritionally vulnerable groups. Among these groups the growing child is the most vulnerable, but others include women, the elderly and the mentally, physically and sensory disabled. Among the socio-economically deprived are refugees, displaced persons, some indigenous peoples, those in isolated communities, the landless, the unemployed, recent immigrants, orphans and children in difficult circumstances. Individuals most at risk of malnutrition are those who are both physiologically vulnerable and socio-economically deprived. Countries should recognize that the skills and abilities of

the care giver, who is usually the mother, are crucial to the quality of care, particularly the selection and preparation of food for the family, including the mother herself, the children and other dependents.

36. In general, the provision of care is primarily a responsibility of the family. However, society also has an obligation to assist those who cannot care for themselves. The role of government should be to provide a supportive environment for family- and community-based care and to provide direct services when additional care is needed. Care within the family includes support during and after pregnancy, breast-feeding, providing security, reducing child stress, providing shelter and clothing, feeding and bathing, preventing and treating illness and showing affection and respect. Care facilities outside the family include curative and preventive health clinics, prenatal and maternal care centres, traditional healers or members of extended family networks, community and government social and economic support systems and programmes for income generation. Caring should recognize the dignity and rights of vulnerable people. Actions to improve the care of the socio-economically deprived and nutritionally vulnerable will be most successful if they are sensitive to the particular needs and traditions of a local community and respond to these. Governments are encouraged to work in a collaborative manner with local community groups, the private sector and NGOs. Governments, in cooperation with other concerned parties, should:

(a) Ensure that all infants and young children, particularly children in difficult circumstances, have access to adequate, well-balanced and safe diets, health care and education to enable them to attain and maintain their full physical and mental growth potential and proper nutritional status. Particular attention should be given to care for the female child.

(b) Promote sound weaning practices, including timely introduction of supplementary foods, adequate quantity and quality of weaning foods and improved feeding practices, such as more frequent and supervised feedings.

(c) Enhance the legal and social status of women from birth onwards, assuring them of respect and equal access to caring, education, training, land, credit, equity in wages and remuneration and other services, including family planning services, and empower them economically so that they have better control over the family resources.

(d) Promote support of care givers to preserve their physical and mental health and enhance their skills and knowledge to improve nutrition. Decrease women's workload by supporting research and extension services on time- and energy-saving devices, where applicable.

(e) Adapt nutrition, health and education support services to adolescent girls and boys to prepare them to fulfil their future roles as well-nourished, productive adults and parents.

(f) Prepare and motivate adult males to fully participate in and take responsibility for the nutritional well-being and support of their families, as well as to be sensitive to women's needs in protecting and promoting family well-being.

(g) Foster recognition of the contribution that the elderly make to the household and community activities. Promote caring of the elderly through traditional forms of family support and through the introduction of special measures where needed.

(h) Provide care for disabled individuals to enable them to reach their potential and become self-supporting, ensuring their opportunities in education, employment and housing.

(i) Enhance the nutritional status of the indigenous people through the development and implementation of culturally acceptable strategies that involve the community.

(j) Encourage and foster community awareness, organization and leadership to promote and ensure its own nutritional development including adequate care of its vulnerable households and individuals, such as female-headed households.

(k) Enhance food and nutrition programmes directed at urban poor and especially street children.

37. Among refugees and displaced populations, high rates of malnutrition and micronutrient deficiencies associated with high rates of mortality continue to occur. The magnitude of the problem has grown over the last decade. Increased political commitment to and accountability for the protection and promotion of the nutritional well-being of refugees, displaced populations, those under occupation,

prisoners of war and other affected groups are urgently required in accordance with international humanitarian law. Governments, in collaboration with the international community, should:

(a) Provide sustainable assistance to refugees and displaced persons and work to monitor and ensure their nutritional well-being, giving high priority to the control of diseases and to the prevention of malnutrition and outbreaks of micronutrient deficiency diseases. Wherever feasible such assistance should encourage their ability to support themselves rather than increase their dependence on external assistance. The food provided should be nutritionally adequate and safe.

(b) Identify, within civilian populations situated in zones of conflict, refugee and displaced populations and groups needing special care including the disabled, the elderly, children, mothers and other nutritionally vulnerable groups in order to plan to provide for their special needs.

(c) Promote the basic human rights of refugees and displaced persons.

(d) Ensure a rapid, coordinated and appropriate response by improving communications with the international community, including concerned entities of the United Nations as well as NGOs.

(e) Work to ensure the safe and timely passage of the totality of food and medical supplies to those in need in conflict zones, and the creating and using of "humanitarian corridors of tranquillity" where available.

(f) Ensure assistance to refugees returning to their home countries until they are reintegrated into society.

(g) Make efforts to develop policies that ensure stability so as to avoid the massive migration of refugees and displaced persons, which causes additional pressure on any community.

7. Preventing and controlling specific micronutrient deficiencies

38. Micronutrient deficiencies are a matter of major public health concern. They are widespread, although the prevalence of a particular deficiency can vary

considerably within and between countries. Deficiencies of vitamin A (including beta-carotene), iodine and iron are especially important because of their serious health consequences, wide geographic distribution and the existing global commitment to their control.

39. Vitamin A deficiency and its consequences, including blindness, poor growth, increased severity of infections and death, are fully preventable, making its control one of the most effective child health and survival strategies that governments can undertake. The protection, promotion and support of breast-feeding is an effective way of preventing vitamin A deficiency in infants and young children.

40. Over one-fifth of the world's population lives in iodine-deficient areas. It is the most common preventable cause of mental retardation. Additional consequences of iodine deficienty are reproductive failure, goitre, increased mortality and economic stagnation. Children, adolescent girls and women are particularly vulnerable. The means for its correction are readily available and provide an exciting opportunity for its elimination by the year 2000.

41. Iron deficiency and/or anaemia is the most common micronutrient deficiency, especially affecting young children and women of reproductive age. Uncorrected anaemia can lead to learning disabilities, an increased risk of infection and diminished work capacity and to death of women during pregnancy and at childbirth. Thus, iron deficiency has an impact on all segments of society.

42. Deficiencies of other micronutrients such as folate and other B-complex vitamins, vitamin C, selenium, zinc and calcium also significantly affect health and may merit increased attention by governments in countries where deficiencies exist.

43. Recognizing the international, regional and national resources, coordination and support required, governments, in collaboration with international agencies, NGOs, the private sector/industry, other expert groups and the community, should adopt an appropriate combination of the following strategies:

(a) Assess the extent and epidemiology of micronutrient deficiencies and develop a national policy for prevention based on their distribution and cause, the severity of deficiency and available resources.

(b) Accelerate efforts to achieve the elimination of vitamin A and iodine deficiencies and a reduction in iron deficiency in accordance with the year 2000 goals of the World Summit for Children and the Montreal Conference on Micronutrient Malnutrition.

(c) Formulate and implement programmes to correct micronutrient deficiencies and prevent their occurrence, promoting the dissemination of nutrition information and giving priority to breast-feeding and other sustainable food-based approaches that encourage dietary diversification through the production and consumption of micronutrient-rich foods, including appropriate traditional foods. Processing and preservation techniques allowing the conservation of micronutrients should be promoted at the community and other levels particularly when micronutrient-rich foods are available only on a seasonal basis.

(d) Implement the most appropriate combination of the following measures: improved food availability, food preservation, food and nutrition education and training, dietary diversification, food fortification, supplementation and pertinent public-health measures such as primary health care, promotion of breast-feeding and safe drinking-water. International and regional cooperation in the sharing of resources to enable economies of scale should be encouraged.

(e) Ensure that sustainable food-based strategies are given first priority particularly for populations deficient in vitamin A and iron, favouring locally available foods and taking into account local food habits. Supplementation of intakes with vitamin A, iodine and iron may be required on a short-term basis to reinforce dietary approaches in severely deficient populations, utilizing primary health care services when possible. Supplementation should be directed at the appropriate vulnerable groups, especially women of reproductive age (iodine and iron), infants and young children, the elderly, refugees and displaced persons. Supplementation should be progressively phased out as soon as micronutrient-rich food-based strategies enable adequate consumption of micronutrients.

(f) Ensure and legislate for the fortification of foods or water with necessary micronutrients, where feasible, when existing food supplies fail to provide adequate levels in the diet. Fortification

should be regularly evaluated for various reasons. Where iodine deficiency is a significant public health problem, the iodization of all salt for both human and livestock consumption is required, recognizing that this is the most effective long-range measure for correcting iodine deficiency.

(g) Ensure that nutrition education and training programmes are implemented at the community, school and national levels to provide information on proper food preparation, nutritional value and bioavailability and other factors that affect micronutrient status, especially of the young, and to promote the consumption of foods that are rich in micronutrients.

(h) Strengthen micronutrient surveillance capabilities and activities by devising indicators to monitor the above strategies for achieving national goals related to coverage, compliance and effectiveness in targeted populations.

(i) Support research on the role of micronutrients in health and disease; on the development of inventories and food composition tables of existing and potentially significant food sources of micronutrients, including *inter alia* green and yellow vegetables and fruits, palm oil, fish and other locally available food sources of micronutrients; on weaning foods; on factors affecting the bioavailability of nutrients in food; on indigenous methods of food processing and preparation affecting micronutrient availability; on nutrition education; and on the improvement of existing techniques for the assessment and correction of micronutrient deficiencies.

(j) Develop sustainable institutional capacities and human resources, including training of professionals, non-professionals and community leaders, in order to achieve the goals of micronutrient deficiency control and prevention.

(k) Consider, as appropriate, coordinating micronutrient deficiency control activities under the direction of a national committee, with the appropriate political support, authority, legislation and infrastructure that reflects national commitment.

(l) Encourage FAO, WHO and all other concerned international agencies and NGOs to provide assistance in combating all aspects of micronutrient deficiency problems, through monitoring and surveillance, research and production and consumption of micronutrient-rich foods.

(m) Recognize that refugees and displaced persons, as well as being susceptible to iodine, vitamin A and iron deficiencies, are also susceptible to other deficiencies, particularly vitamin B_1 deficiency (beriberi), niacin deficiency (pellagra) and vitamin C deficiency (scurvy). Donor countries and involved organizations must therefore ensure that the nutrient content of food used for emergency food aid meets nutritional requirements, if necessary through fortification or ultimately through supplementation. To the extent possible, such foods should be culturally appropriate.

8. Promoting appropriate diets and healthy lifestyles

44. Non-communicable diseases related to unhealthy lifestyles and inappropriate diets are becoming increasingly prevalent in many countries. With greater affluence and urbanization, diets tend to become richer on average in energy and fat, especially saturated fat, have less fibre and complex carbohydrates and more alcohol, refined carbohydrates and salt. In urban settings exercise and energy expenditure frequently decrease, while levels of smoking and stress tend to increase. These and other risk factors, as well as increased life expectancy, are associated with the increased prevalence of obesity, hypertension, cardiovascular diseases, diabetes mellitus, osteoporosis and some cancers with immense social and health care costs. Dental caries is also an important diet-related condition in some regions.

45. While generally positive, urbanization, particularly in developing countries, can lead to severe economic and social stresses among poor populations. Often, too rapid urban growth results in heavy demands on urban facilities, resulting in large numbers of poor people living in crowded slums with limited access to clean water, sanitation facilities, health care and food. Excessive urbanization, particularly rural-urban migration, may also contribute to the fragmentation of society and the breakdown of traditional values and care and feeding practices. Dietary and lifestyle changes following migration to more affluent areas can affect health status in positive and negative ways, often exposing immigrants, particularly minorities, to an increased risk of diet-related

non-communicable diseases. Both primary and secondary prevention of these diseases are important. Governments, together with other groups, should:

(a) Assess the dietary intake and nutritional status of the population (see section 9 below).

(b) Assess the strength of evidence between diet and disease in the context of their own situation, taking into account international and other national assessments, and current scientific findings. Consider which dietary targets are appropriate in the context of the prevalence of deficiency and diet-related chronic diseases.

(c) Develop comprehensive policies for improved food supplies and nutrition, adapted to local conditions in each country, and support and encourage home gardens, traditional food production and consumption patterns that support nutritional well-being.

(d) On the basis of energy and nutrient recommendations, provide advice to the public by disseminating, through the use of mass media and other appropriate means, qualitative and/or quantitative dietary guidelines relevant for different age groups and lifestyles and appropriate for the country's population.

(e) Implement and support the design of appropriate community-based nutrition education programmes in conjunction with appropriate communication strategies, such as nutrition labelling, that enable individuals and families to chose a healthy diet, and give high priority to ensuring that these programmes reach target groups.

(f) Encourage the adaptation of nutrition and consumer information and intervention programmes to differences in socio-economic conditions, language barriers and cultural beliefs and attitudes regarding foods, health and disease.

(g) Promote from an early age a knowledge of food and nutrition, food safety, food preparation, healthy diets and lifestyles through the curricula of schoolchildren, teachers, health professionals, and the training of personnel involved in agricultural extension.

(h) Encourage institutionalized food services and the catering sector to provide and promote healthy diets.

(i) Take appropriate actions to discourage smoking, drug and alcohol abuse.

(j) Sponsor and promote exercise programmes to all, targeting children and high-risk groups, and provide recreation and sporting facilities with the participation of community, public and private organizations.

(k) Promote employment and better living conditions in rural areas to prevent excessive migration to cities.

(l) Support special nutrition and consumer education, nutrition interventions and follow-up activities for those groups of immigrants that may need special attention.

9. Assessing, analysing and monitoring nutrition situations

46. Information on the nature, extent, magnitude and severity of different types of nutritional problems, as well as their causes, resources and how they are changing over time, is essential for the development, implementation, monitoring and evaluation of effective policies and programmes to improve nutrition. Information is also needed to provide early warning of impending nutritional emergencies and for on-going programme management. The basic aim should be to provide relevant and accurate information that can be utilized efficiently. Therefore, information must be timely, relevant to the decision-makers and communicated effectively at the appropriate levels. These levels range from the individual and household level, through the community and national levels, to the international level. Open access to information regarding the nutritional situation must be ensured for all interested parties. Utilization of information may be facilitated by the establishment or strengthening of specific bodies or mechanisms. Data collection and analysis have costs that must be balanced against the overall resources available for the programme. Governments, in close cooperation with all parties concerned, should:

(a) Identify the priority nutritional problems in the country, analyse their causes, plan and implement appropriate remedial actions and monitor and evaluate efforts to improve the situation. This would

include selecting appropriate indicators and methods for assessing and monitoring problems of food security and undernutrition, micronutrient deficiencies and overnutrition.

(b) Establish or strengthen data collection, analysis and reporting systems within appropriate institutional frameworks in a sustainable fashion in order to meet the relevant priority information needs of planners, policy-makers, programme managers and communities as they address nutritional problems.

(c) Provide basic and on-going training of personnel in relevant ministries and institutions for data collection, analysis, presentation and utilization.

(d) Make maximum use of existing data sources and information systems to avoid duplication of efforts and to encourage a coordinated multisectoral approach for taking action. Relevant sources of data could be in particular the ministries responsible for agriculture, health, education, commerce and trade, finance and planning, scientific research and social welfare, as well as universities, the private sector and NGOs. Data could include information on mortality, morbidity, anthropometry, food availability, food intake, food prices, breast-feeding, food quality and safety, along with information on knowledge, attitudes and practices, family size and income, rainfall and landholding.

(e) Encourage the development and use of innovative approaches such as risk mapping, sentinel sites and rapid appraisal techniques for information gathering and utilization. Establish a system for the exchange of information between developing countries (South-South) and also between developed and developing countries for training and research.

(f) Promote community-based information systems to support local problem identification analysis and action.

(g) Develop and strengthen growth monitoring and promotion and nutrition surveillance within primary health care systems.

(h) Promote the strengthening of research and training of personnel in nutrition, especially for food sciences, nutrition, biology, food toxicology, epidemiology, human and social sciences and related interventions.

(i) Cooperate with other governments, research institutions, NGOs and international organizations to promote and support regional and international collaboration in gathering food and nutrition information and in surveillance and early warning activities. This should also include the building of capacities within countries and promoting the establishment of focal points for training and research at national and regional levels.

(j) Support and encourage, where appropriate, the development and use of local food composition information.

V. RESPONSIBILITY FOR ACTION

47. The goals of the World Declaration on Nutrition as well as the recommendations of the Plan of Action for Nutrition need to be translated into priority actions in accordance with the realities found in each country and must be supported by action at the international level. Taking these into account, governments should prepare national plans of action, coordinated as appropriate with follow-up activities related to the World Summit for Children, establishing priorities, setting up time frames and, where appropriate, identifying the resources needed and those already available. The strategies for achieving the objectives may vary from country to country, and the responsibilities rest with a variety of agents, from government institutions to individuals.

1. At the national level

(a) All governments should establish appropriate national mechanisms to prioritize, develop, implement and monitor policies and plans to improve nutrition within designated time frames, based both on national and local needs, and provide appropriate funds for their functioning.

(b) Within the context of the national plans of action, governments should formulate, adopt and implement programmes and strategies to achieve the recommendations of the Plan of Action for

Nutrition, taking into account their specific problems and priorities. In particular, in countries where it is appropriate to do so, ministries of agriculture, fisheries, food, health, social welfare, education and planning, as well as other concerned ministries, should formulate concrete proposals for their sectors to promote nutritional well-being.

(c) Governments at the local and provincial levels, as well as NGOs and the private sector, should be encouraged to participate in the process.

(d) All sectors of society should be encouraged to play an active role and to assume their responsibilities in implementing related components of the national plan of action, with appropriate mechanisms for coordination. Households, communities, NGOs, private institutions — including industry, small-scale producers, women farmers and trade and services, as well as social and cultural associations — and the mass media should be mobilized to help individuals and population groups achieve nutritional well-being in close association with government and technical service sectors.

(e) Programmes aimed at improving the nutritional well-being of the people, in particular that of the groups at greatest risk, should be supported by the allocation of adequate resources by the public and the private sectors so as to ensure their sustainability.

(f) Governments, academic institutions and industry should support the development of fundamental and applied research directed towards the improving the scientific and technological knowledge base against which food, nutrition and health problems can be analysed and solved, giving priority to research concerning disadvantaged and vulnerable groups.

(g) In most countries, high priority should be given to the development of human resources and training of personnel needed in all sectors to support nutrition-related activities.

(h) National governments, in cooperation with local authorities, NGOs and the private sector, should prepare periodic reports on the implementation of national plans of actions, with clear indications of how vulnerable groups are faring.

2. At the international level

(a) International agencies — multilateral, bilateral and non-governmental — are urged to define, in the course of 1993, steps through which they can contribute to the achievement of those goals and strategies set out in the World Declaration and Plan of Action for Nutrition, including the promotion of new partnerships of economic and technical cooperation among countries.

(b) The governing bodies of FAO, WHO, UNICEF, the World Bank, UNDP, Unesco, ILO, WFP, UNFPA, UNHCR, UNU, IFAD and other concerned international organizations should, in the course of 1993, decide on ways and means of giving appropriate priority to their nutrition-related programmes and activities aimed at ensuring, as soon as possible, the vigorous and coordinated implementation of activities recommended in the World Declaration and Plan of Action for Nutrition. This would include, as appropriate, increased assistance to the member countries. FAO and WHO, in particular, should strengthen within available resources their programmes for nutritional improvement, taking into account the recommendations put forth in this Plan of Action.

(c) Regional offices of UN organizations and regional intergovernmental organizations are requested to collaborate on and to facilitate the implementation and monitoring of the Plan of Action for Nutrition by supporting horizontal and interregional cooperation, especially among developing countries. In particular, this would involve collaboration based on the aims and principles of the Plan of Action for Nutrition for the formulation of overall regional strategies for improved nutrition and, when requested, for assisting governments in formulating national plans of action.

(d) Regional institutions for research and training, with appropriate support from the international community, should establish or reinforce collaborative networks in order to foster the human resource development needed — particularly at the national level

— to implement the Plan of Action for Nutrition, to promote intercountry collaboration and to exchange information on the food and nutrition situation, technologies, research results, the implementation of nutrition programmes and resource flows.

(e) As leading specialized agencies of the UN system in the fields of food, nutrition and health, FAO and WHO are requested to prepare jointly, in close collaboration with UNICEF and other UN entities, a consolidated report on their implementation of the World Declaration and Plan of Action for Nutrition and also on its implementation by their member countries and other international organizations for review by their governing bodies by 1995. The governing bodies can then make decisions on the timing of future reports.

(f) UN agencies have a special responsibility for follow-up. All concerned agencies and organs of the UN system are urged to strengthen their collaborative and cooperative mechanisms in order to fully participate at international, regional, national and local levels in the achievement of the objectives of the Plan of Action for Nutrition. The ACC/SCN should facilitate coordination of these efforts and, in close collaboration with its participating agencies, prepare periodic reports on their activities in implementing the World Declaration and Plan of Action for Nutrition for consideration by the ACC for submission, through ECOSOC, to the UN General Assembly.

VI. RECOMMENDATIONS FOR THE FOLLOW-UP OF THE CONFERENCE

48. Governments are urged to promote continued work by relevant ministries and the strengthening or establishment of the ICN focal points where appropriate, and, with other concerned parties, to improve nutritional status, including the following:

(a) To prepare or improve, as early as possible and not later than the end of 1994, national plans of action and policies based on the principles and strategies enunciated in this World Declaration and Plan of Action. These need to be based on an analysis of the country situation and developed with the active participation of all

relevant ministries, local governments and communities, non-governmental and research organizations and the private sector.

(b) To allocate and mobilize the financial and human resources necessary for implementation.

(c) To prepare, where appropriate, specific proposals for research priorities and capacity building, establishing links between government, non-governmental sectors, appropriate organizations and academic institutions.

(d) To develop coordinated intersectoral mechanisms for implementing, monitoring and evaluating the agreed national plan of action.

(e) To disseminate to the public, which may include parliamentary bodies, information on the principles and objectives of the World Declaration and Plan of Action for Nutrition as well as on the progress made and targets reached.

(f) To strengthen collaboration with NGOs, community agencies, local private sector representatives and citizens on the design and implementation of the country action plan.

49. The international community, including bilateral, international and multilateral agencies and institutions providing capital and/or technical assistance, are urged as soon as possible and to the extent their mandates and resources allow to allocate assured and increased funds to recipient countries, institutions and NGOs, as appropriate, for the preparation and implementation of national plans of action.

50. The governing bodies of FAO and WHO and other relevant international organizations are requested to give specific consideration during 1993 to determining ways and means of strengthening their capabilities towards implementing this World Declaration and Plan of Action. FAO and WHO are requested to consider the inclusion of periodic reports on the overall follow-up of the ICN on the agenda of the regular FAO regional conferences and WHO regional committee meetings.

51. UN organizations and other concerned parties are requested to prepare and disseminate information for the public on the World Declaration and Plan of Action.

52. In conclusion, the ICN should be viewed as a milestone in the continuing process to eliminate hunger and malnutrition, especially in the developing countries, and at the same time to prevent an increase in the incidence of diet-related communicable and non-communicable diseases. The ICN preparatory process began at the national and regional levels and, to be effective, its follow-up must now be firmly anchored in national and regional commitment and efforts to protect and promote the nutritional well-being of all.

ANNEX I

NUTRITION GOALS OF THE FOURTH UNITED NATIONS DEVELOPMENT DECADE

Member States must give effect to agreements already reached to make all efforts to meet four goals during the decade:

(a) To eliminate starvation and death caused by famine;
(b) To reduce malnutrition and mortality among children substantially;
(c) To reduce chronic hunger tangibly;
(d) To eliminate major nutritional diseases.

NUTRITION GOALS OF THE WORLD SUMMIT FOR CHILDREN

(to be reached by the year 2000)

(a) Reduction in severe, as well as moderate malnutrition among under-5 children by half of 1990 levels;
(b) Reduction of the rate of low birth weight (2.5 kg or less) to less than 10 percent;
(c) Reduction of iron deficiency anaemia in women by one-third of the 1990 levels;
(d) Virtual elimination of iodine deficiency disorders;
(e) Virtual elimination of vitamin A deficiency and its consequences, including blindness;
(f) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year;
(g) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s;
(h) Dissemination of knowledge and supporting services to increase food production to ensure household food security.

PART III - PARTICIPATING COUNTRIES AND ORGANIZATIONS

PARTICIPATING MEMBER STATES / ETATS MEMBRES PARTICIPANTS / ESTADOS MIEMBROS PARTICIPANTES

- AFGHANISTAN
- ALBANIA
- ALGERIA
- ANGOLA
- ARGENTINA
- ARMENIA
- AUSTRALIA
- AUSTRIA
- BAHRAIN
- BANGLADESH
- BARBADOS
- BELARUS
- BELGIUM
- BELIZE
- BENIN
- BHUTAN
- BOLIVIA
- BOTSWANA
- BRASIL
- BULGARIA
- BURKINA FASO
- BURUNDI
- CAMBODIA
- CAMEROON
- CANADA
- CAPE VERDE
- CENTRAL AFRICAN REP.
- CHAD
- CHILE
- CHINA, PEOPLE'S REP. OF
- COLOMBIA
- COMOROS
- CONGO
- COOK ISLANDS
- COSTA RICA
- CÔTE D'IVOIRE
- CROATIA
- CUBA
- CYPRUS
- CZECHOSLOVAKIA
- DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
- DENMARK
- DJIBOUTI
- DOMINICA
- DOMINICAN REPUBLIC
- ECUADOR
- EGYPT
- EL SALVADOR
- EQUATORIAL GUINEA
- ESTONIA
- ETHIOPIA
- EUROPEAN ECONOMIC COMMUNITY
- FIJI
- FINLAND
- FRANCE
- GABON
- GAMBIA
- GERMANY
- GHANA
- GREECE
- GRENADA
- GUATEMALA
- GUINEA
- GUINEA-BISSAU
- GUYANA
- HAITI
- HONDURAS
- HUNGARY
- ICELAND
- INDIA
- INDONESIA
- IRAN (ISLAMIC REP. OF)
- IRAQ
- IRELAND
- ISRAEL
- ITALY
- JAMAICA
- JAPAN
- JORDAN
- KAZAKHSTAN
- KENYA
- KOREA, REPUBLIC OF
- KUWAIT
- LAOS
- LEBANON
- LESOTHO
- LIBERIA
- LIBYA
- LITHUANIA
- LUXEMBOURG
- MADAGASCAR
- MALAWI
- MALAYSIA
- MALDIVES
- MALI
- MALTA
- MARSHALL ISLANDS
- MAURITANIA
- MAURITIUS
- MEXICO
- MICRONESIA
- MONGOLIA
- MOROCCO
- MOZAMBIQUE
- MYANMAR
- NAMIBIA
- NEPAL
- NETHERLANDS
- NEW ZEALAND
- NICARAGUA
- NIGER
- NIGERIA
- NORWAY
- OMAN
- PAKISTAN
- PANAMA
- PARAGUAY
- PERU
- PHILIPPINES
- POLAND
- PORTUGAL
- QATAR
- ROMANIA
- RUSSIAN FEDERATION
- RWANDA
- SAINT LUCIA
- SAMOA
- SAO TOMÉ AND PRINCIPE
- SAUDI ARABIA
- SENEGAL
- SEYCHELLES
- SIERRA LEONE
- SLOVENIA
- SOMALIA
- SPAIN
- SRI LANKA
- SUDAN
- SWAZILAND
- SWEDEN
- SWITZERLAND
- SYRIA
- TANZANIA
- THAILAND
- TOGO
- TOKELAU
- TUNISIA
- TURKEY
- UGANDA
- UKRAINE
- UNITED ARAB EMIRATES
- UNITED KINGDOM
- UNITED STATES OF AMERICA
- URUGUAY
- VANUATU
- VENEZUELA
- VIET NAM
- YEMEN
- ZAIRE
- ZAMBIA
- ZIMBABWE

HOLY SEE

- **List of countries which prepared an ICN Country paper**
- **Liste des pays ayant présenté un exposé national**
- **Lista de los países que prepararon un documento para la CIN**

Countries which did not participate at ICN but submitted ICN Country papers / Liste des pays n'ayant pas participé à la CIN mais ayant présenté un exposé national / Países que no participaron en la CIN pero que presentaron documentos para la misma

Antigua and Barbuda
Bahamas
Kiribati
Papua New Guinea
Puerto Rico
Saint Kitts and Nevis
Saint Vincent and the Granadines
Solomon Islands
Suriname
Tonga
Trinidad and Tobago

LIBERATION MOVEMENTS

MOUVEMENTS DE LIBERATION

MOVIMIENTOS DE LIBERACION

Palestine Liberation Organization

African National Congress (S.A.)

UNITED NATIONS, SPECIALIZED AGENCIES AND PROGRAMMES

NATIONS UNIES, INSTITUTIONS SPECIALISEES ET PROGRAMMES

ORGANISMOS ESPECIALIZADOS Y PROGRAMAS DE LAS NACIONES UNIDAS

General Agreement on Tariffs and Trade (GATT)

International Fund for Agricultural Development (IFAD)

International Labour Office (ILO)

United Nations Administrative Committee on Coordination/SubCommittee on Nutrition (ACC/SCN)

United Nations/Department of Economic and Social Development (UNDESD)

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

United Nations Educational, Scientific and Cultural Organization (Unesco)

United Nations Environment Programme (UNEP)

United Nations High Commissioner for Refugees (UNHCR)

United Nations Population Fund (UNFPA)

United Nations University (UNU)

The World Bank

World Food Council (WFC)

World Food Programme (WFP)

INTER-GOVERNMENTAL ORGANIZATIONS

ORGANISATIONS INTERGOUVERNEMENTALES

ORGANIZACIONES INTERGUBERNAMENTALES

CAB International

Caribbean Community Secretariat (CARICOM)

Commonwealth Secretariat

Communauté Economique des Etats de l'Afrique Centrale (CEEAC)

International Food Policy Research Institute (IFPRI)

League of Arab States

Office International des Epizooties

Organization of African Unity (OAU)

Organization for Coordination and Cooperation in the Control of Major Endemic Diseases (OCCGE)

Organization for Economic Co-operation and Development (OECD)

South Pacific Commission (SPC)

NON-GOVERNMENTAL ORGANIZATIONS

ORGANISATIONS NON GOUVERNEMENTALES

ORGANIZACIONES NO GUBERNAMENTALES

Academy for Education Development

Adventist Development and Relief Agency International (ADRA)

Advocates for African Food Security

African Association for Literacy and Adult Education (AALAE)

African Institute for Economic and Social Development (INADES)

African Medical and Research Foundation (AMREF)

African Network for Integrated Development (RADI)

African Regional Organization for Standardization (ARSO)

Associazione Italiana
Donne per lo Sviluppo (AIDOS)

American Public Health Association

The Arab Council for Childhood and Development (ACCD)

Asian NGO Coalition for Agrarian Reform and Rural Development (ANGOC)

Asian Institute for Rural Development (AIRD)

Asociación Latinoamericana de Organizaciones de Promoción (ALOP)

Assessoria e Serviços a Projetos em Agricultura Alternativa (AS-PTA)

Association of African Women for Research and Development (AAWORD)

Association de l'Industrie Laitière des C.E. (ASSILEC)

Association Internationale "6S"

Baha'i International Community

BINA SWADAYA - Agency for Community Self-Relaiance Development

Bread for the World

The British Nutrition Foundation

CARE International

Caritas Internationalis

Catholic Diocese of Nakuru

Centre d'Analyse des Politiques de Santé

Centre International de l'Enfance

Centre to Prevent Childhood Malnutrition

Centro de Capacitación para el Desarrollo (CECADE)

Centro Mesoamericano de Estudios sobre Tecnología Apropiada (CEMAT)

Centro Feminista de Información y Acción (CEFEMINA)

Centro Internazionale Cooperazione allo Sviluppo (CICS)

Centro de Investigación en Alimentos

Centro Studi per l'Evoluzione Umana (C.E.U.)

Comitato Internazionale di Educazione per la Pace (C.I.E.P.)

Comité Européen des Fabricants de Sucre (CEFS)

Comité des Femmes Marocaines
Forum Maghrébin pour l'Environnement et le Développement

The Commonwealth Association for Mental Handicap and Developmental Disabilities (CAMHADD)

Confederation of the Food and Drink Industries of the EEC (CIAA)

Consell Alimentari Mediterrania

Consortium of NGOs in Cameroon (COPAD)

Comité international pour le développement des peuples (CISP)

Council for Development, Environmental Studies & Conservation (MAUDESCO)

EAAE

Environmental Development Action in the Third World (ENDA)

European Association for Animal Production (EAAP)

European Association of Non-Governmental Organizations for Food Aid and Emergency Aid (EuronAid)

EUROSTEP

Fanta Macalou

Federación de mujeres de carrera jurídica (IFWC)

Fédération Européenne des Banques Alimentaires

Federation of Hellenic Food Industries (S.E.V.T.)

Fédération Internationale des Vins et Spiritueux (FIVS)

FOCSIV

Fomento de la Vida (FOVIDA)

Food Aid Management

Food First Information and Action Network (FIAN)

Forum Maghrébin pour l'Environnement et le Développement

Fundación Vivir Mejor

GERM

Heifer Project International

Helen Keller International (HKI)

The Hunger Project

Indian Association for Advancement of Science (I.A.A.S.)

Industry Council for Development (ICD)

Institut Haïtien de l'Enfance

Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)

International Alliance of Women (IAW)

International Association of Agricultural Economists (IAAE)

International Association of Educators for World Peace (IAEWP)

International Baby Food Action Network (IBFAN)

International Catholic Rural Association (ICRA)

International Chamber of Commerce (ICC)

International Confederation of Midwives (AIORCE)

International Confederation of Free Trade Unions (ICFTU)

International Co-operative Alliance (ICA)

International Council for Control of Iodine Deficiency Disorders (ICCIDD)

International Council of Nurses

International Council of Voluntary Agencies (ICVA)

International Council of Women (ICW)

International Dairy Federation (IDF)

International Federation of Agricultural Producers (IFAP)

International Federation of Clinical Chemistry (IFFC)

International Federation of Grocery Manufacturers Associations (IFGMA)

International Federation for Home Economics (IFHE)

International Federation of Red Cross & Red Crescent Societies

International Federation of University Women

International Federation of Women in Legal Careers (IFWLC)

International Fertilizer Industry Association (IFA)

International Geographical Union (IGU)

International Lactation Consultant Association (ILCA)

International Life Sciences Institute (ILSI)

International Movement ATD Fourth World

International Organization of Consumers Unions (IOCU)

International Peace Research Association (IPRA)

International Romani Union

International Society and Federation of Cardiology (ISFC)

International Society for the Study of Xenobiotics (ISSX)

International Special Dietary Food Industries (ISDI)

International Union of Family Organizations (UIOF)

International Union of Food Science & Technology (IUFOST)

International Union of Nutritional Sciences (IUNS)

International Union of Professional Agricultural Economists (IUPAC)

International Vegetarian Union

International Youth and Student Movement for the United Nations (ISMUN)

Istituto per la Cooperazione Universitaria (ICU)

Jesuit Refugees Service

La Leche League International (LLLI)

La Liga de la Lactancia Materna

Lions Clubs International

Médecins Sans Frontières (MSF)

Medical Women's International Association (MWIA)

National Council for International Health (NCIH)

National Health Education Institute

Network for Women - Suriname

Nurture/Centre to Prevent Childhood Malnutrition

Pan Pacific and South-East Asia Women's Association International (PPSEAWA)

Patronato del Servicio Nacional de Nutrición (P.S.N.N.)

Program for Appropriate Technology in Health (PATH)

Save the Children

Second Harvest National Network of Food Banks

Servicios Múltiples de Tecnología Apropiada (SEMTA)

Society for International Development (SID)

SOLAGRAL

Terra Nuova

Union Internationale des Syndicats de l'Agriculture et de l'Alimentation (UIS)

Union Nationale des Coopératives des Planteurs et Maraîchers du Mali (UNCPM)

Union Tunisienne de l'Agriculture et de la Pêche

Unitas

USA Food Industries Trade Council

WCL

Wellstart

Women International League for Peace and Freedom (WILPF)

World Alliance for Breastfeeding Action (WABA)

World Association of Girl Guides and Girl Scouts (WAGGGS)

World Federation for Medical Health

World Federation of Trade Unions (WFTU)

World Federation of United Nations Associations (WFUNA)

World Hunger Program

World Organization of the Scout Movement

World Sustainable Agriculture Association (WSAA)

World Union of Catholic Women's Organizations (WUCWO/UMOFC)

World Vision International

Worldview International Foundation

ICN SECRETARIAT

SECRETARIAT CIN

SECRETARIADO CIN

Food and Agriculture Organization of the United Nations (FAO)

World Health Organization (WHO)

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