UNITED NATIONS SYSTEM

Standing Committee on Nutrition

RECOMMENDATIONS FROM THE SCN 35TH SESSION "ACCELERATING THE REDUCTION OF MATERNAL AND CHILD UNDERNUTRITION"

EXECUTIVE SUMMARY

The 35th Session of the SCN held in Hanoi in March 2008, which focussed on accelerating the reduction of maternal and child undernutrition, made the following recommendations:

Recognizing that:

- The global burden of maternal and child undernutrition remains unconscionably large, and is the single greatest constraint facing global development efforts.
- A renewed and strengthened evidence base exists for a set of essential nutrition interventions that if effectively targeted to mothers and children from conception to two years of age, could prevent at least a quarter of child deaths under 36 months of age, and reduce the prevalence of stunting by about a third.
- Although this important set of interventions cannot replace socio-economic development, they can help accelerate the reduction of maternal and child undernutrition, especially when main-streamed into efforts to tackle poverty, improve food security and livelihood support, and strengthen health service delivery.
- Remarkably little is being done to tackle the problem of maternal and child undernutrition, especially in the countries most affected. Increased mobilization is therefore needed at all levels of society in order to act at scale with this set of essential nutrition interventions.
- The recent increases in food prices and the reduction of grain stocks to a 30 year low threaten the capacity to provided assistance and ensure the right to food, especially in those nations showing least progress towards achieving the non-income targets of MDG1.
- Global nutrition leadership needs to be further strengthened in order to facilitate technical and policy consensus that will permit accelerated reduction of maternal and child undernutrition.

Recommends that:

- Governments give greater recognition to the importance of maternal and child undernutrition and their contribution to development, as well as their legal obligation under international human rights law, and provide leadership in ensuring that the appropriate policies and programmes are put in place, so that the essential nutrition interventions are implemented at scale, and the most vulnerable households are protected in the face of unexpected economic and/or environmental shocks.
- Donors, foundations and other funding sources, while aligning and adapting global initiatives to national priorities, as part of their assistance to those countries most affected by maternal and child undernutrition, give a far greater priority to funding and facilitating at scale coverage of the essential nutrition actions as an integral part of poverty reduction and health system strengthening.
- The UN system through its country teams give greater priority in its development assistance to maternal and child undernutrition, supporting Member States actions to ensure the essential set of nutrition interventions at scale as part of the poverty reduction activities, as well as realizing human rights relevant to nutrition, including the right to adequate food and to health.
- The UN take the lead in developing extraordinary measures to counteract escalating food prices, and ensure the capacity to respect, protect and fulfil the right to food, especially of the most vulnerable, in the event of natural disasters and other emergencies.
- All actors give greater attention to monitoring and evaluating programmes aimed at accelerating the reduction of maternal and child undernutrition. Policies at global, regional and country level be reviewed, harmonized and monitored, with a view to encourage integrated support to at risk families, and to promote and protect maternal and child nutrition. Furthermore progress towards the achievement of MDG 1 should be reported against reductions in the prevalence of stunting in children below the age of five, not just underweight.
- The upcoming reviews of the SCN and the global nutrition architecture, which are welcomed, should examine the different structures and alternative approaches being used by other sectors.

RECOMMENDATIONS OF THE 35TH SESSION OF THE SCN IN HANOI MARCH 2008

Introduction

The 35th Session of the SCN in Hanoi focussed on the theme: Accelerating the reduction of maternal and child undernutrition. Discussions of this issue of central concern of the SCN, took advantage of new analysis and suggestions coming from the recent Lancet Nutrition Series. [1] An additional consideration was the recognition that the realization of the right to adequate food[2], to health[3] and to other human rights relevant to the attainment of good nutrition[4], are essential to achieve the aims of the Millennium Declaration[5], including those expressed by the Millennium Development Goals.[6]

Recognizing that:

1. The global burden of maternal and child undernutrition remains unconscionably large, and is the single greatest constraint facing global development efforts.

- Maternal and child undernutrition is the underlying cause of at least 3.5 million deaths each year, 35% of the disease burden in children younger than 5 years of age, and 11% of the total global disease burden.
- 138 million children under five (32%) are stunted and 18 million are severely wasted. Furthermore 13 million babies are born each year with Intrauterine Growth Restriction (IUGR). Together these conditions constitute a quarter of the risk of death and disease burden, the largest risk in this age group.
- Suboptimal breastfeeding, especially non-exclusive breastfeeding in the first six months of life, results in 1.4 million deaths each year and 10% of the disease burden in children younger than 5 years.
- Iron deficiency anemia accounts for at least 20% of maternal mortality.
- Progress towards the non-income targets of the first Millennium Development Goal (MDG1) is still far from adequate. Despite remarkable economic growth in many countries during the last two decades, the prevalence of child underweight has declined at only sixty percent of the rate needed to achieve the MDG1 non-income target globally.
- Lack of progress in tackling maternal and child undernutrition not only impacts on the non-income targets of MDG1, but also on maternal and child mortality (MDG 4 and MDG 5). Furthermore stunting leads to irreversible damage later in the course of life, including lowered attained schooling (MDG2) and decreased earnings.

2. A deeper understanding of the implications of stunting and wasting has emerged which the measure of underweight alone does not capture. This understanding provides important insights into how and when to tackle the problem of maternal and child undernutrition.

- Stunting, or length growth faltering, is as much a reflection of poor maternal nutrition as it is of poor infant and young child feeding.[7]
- The process of stunting is largely over by two years of age, providing a new "window of opportunity" for delivery of nutrition interventions from conception to two years of age.[8]
- Advances in the treatment of severe acute malnutrition mean that severely wasted children without medical complications can be effectively treated with ready to use therapeutic foods (RUTF) in the community with much reduced case fatality rates.[9]
- Accelerated weight growth after two to three years of age in children that are stunted but not wasted increases the likelihood of nutrition related chronic disease (obesity, diabetes, high blood pressure) later in life.[10]

3. A renewed and strengthened evidence base exists for a set of essential nutrition interventions[11] that if effectively targeted at mothers and children from conception to two years of age, could prevent at least a quarter of child deaths under 36 months of age, and reduce the prevalence of stunting by about a third. These preventive and curative interventions are mutually reinforcing elements of an effective response. They must be integrated in a comprehensive approach, including:

- Infant and young child feeding[12] (promotion of early and exclusive breastfeeding through individual and group counselling[13]; behaviour change communication for improved complementary feeding[14] and continued breastfeeding)
- Micronutrients (iron/folate[15] or multiple micronutrient[16], and calcium supplements for mothers during pregnancy and lactation, fortification of complementary foods[17], fortification of salt with iodine[18], zinc

supplementation in the management of diarrhoea in young children[19], vitamin A fortification and/or supplementation[20]);

- Treatment of severe acute malnutrition using special therapeutic foods[21] (linked community and facility based treatment), along with anti-retroviral drugs for HIV/AIDS.
- Context specific interventions[22]:
    - in areas of food insecurity[23] (maternal food supplements that are balanced in energy and protein[24], complementary food supplements for children 6-24 months[25] especially if through conditional cash transfer[26] with nutritional education).
    - in malaria areas[27] (presumptive treatment during pregnancy, insecticide treated bed nets);
    - in areas with high loads of gastrointestinal parasites[28] (deworming in pregnancy as well as in infancy and early child hood, hand washing and hygiene[29]).

4. Although this important set of interventions cannot replace socio-economic development, they can accelerate reduction of maternal and child undernutrition, especially when delivered as part of such efforts. Improved maternal and child nutrition is not an automatic by-product of poverty reduction and economic advance[30]. Therefore this set of essential nutrition interventions must be added "on top" and mainstreamed into national poverty reduction strategies[31] through various sectors including: efforts aimed at strengthening household food security; conditional cash transfer programmes and other social security safety nets; efforts aimed at strengthening health services, including those aimed at ensuring a continuum of maternal[32], newborn and child health care through community based outreach, as well as other international health partnerships.

5. Remarkably little is being done to tackle the problem of maternal and child undernutrition, especially in the countries most affected. Indeed coverage data shows that most countries with high levels of maternal and child undernutrition are failing to reach the majority of mothers and young children with these essential nutrition interventions. Furthermore resources devoted to combating maternal and child undernutrition are not commensurate with the magnitude of the problem. Donor assistance to basic nutrition is five times smaller than to food aid and nineteen times smaller than to HIV/AIDS. A Landscape Analysis is now being undertaken to better understand the challenges and the opportunities for acting at scale to accelerate the reduction of maternal and child undernutrition in countries most affected by stunting, with a view to improving the allocation of resources in this area.[33]

6. Increased mobilization is needed at all levels of society in order to act at scale with this set of essential nutrition interventions[34], while empowering mothers to nourish themselves and their children with support from their families and communities. Such efforts must be placed in the context of promoting improved legal protection of women's and children's rights and enabling people to understand and claim their rights to adequate food, health and care. Likewise the corresponding duty bearers in all sectors and at all levels of government, are responsible for making the necessary resources and conditions available, so that the set of essential nutrition interventions is delivered at scale. [35] Civil Society Organizations have an important role to play in encouraging communities to claim their rights, as well as counteracting the many cultural practices and traditional behaviours that adversely affect maternal and child undernutrition, including child marriages. The private sector has an important role to play in the production and distribution of adequately fortified foods for the general population, of adequate complementary foods preferably processed from locally available foods, and therapeutic foods for the severely malnourished, as well as adhering to internationally agreed food standards, as developed by the Codex Alimentarius and complying with the International Code of Marketing of Breast-milk Substitutes.

7. The present increases in food prices and the reduction of food stocks to a 30 year low are largely a reflection of accelerating demographic change, increased socio-economic disparities and environmental degradation - associated with unsustainable production, trade and consumption practices - all important determinants of food insecurity and malnutrition. The trend towards biofuel production is further aggravating this precarious situation. Unless urgent actions are taken, and assistance provided, especially in those nations showing least progress towards achieving the non-income targets of MDG1, much of the progress achieved during the last decades is likely to be eroded.[36]

8. Global nutrition leadership needs to be further strengthened in order to facilitate technical and policy consensus that will permit accelerated reduction of maternal and child undernutrition.

Recommends that:

9. Governments give greater recognition to the importance of maternal and child undernutrition and their contribution to development, as well as their legal obligation under international human rights law, and provide leadership in ensuring that the appropriate policies and programmes are put in place, so that the essential nutrition interventions are implemented at scale and the most vulnerable households are protected in the face of unexpected economic and/or environmental changes.

10. Donors, foundations and other funding sources, while aligning and adapting global initiatives to national priorities, as part of their assistance to those countries most affected by maternal and child undernutrition, give a far greater priority to funding and facilitating at scale coverage of the essential nutrition actions as an integral part of poverty reduction and health and food system strengthening.

11. The UN system through its country teams, give greater priority in its development assistance to maternal and child undernutrition, supporting its Member States actions to ensure the essential set of nutrition interventions at scale as part of the poverty reduction activities, as well as realizing human rights relevant to nutrition, including the right to adequate food and to health.

12. The UN take the lead in developing extraordinary measures to counteract escalating food prices and ensure the capacity to respect, protect and fulfil the right to food, especially of the most vulnerable, in the event of natural disasters and other emergencies[37].

13. All actors give greater attention to monitoring and evaluating programmes aimed at accelerating the reduction of maternal and child undernutrition. Policies at global, regional and country level be reviewed, harmonized and monitored, with a view to encourage integrated support to at-risk families, and to promote and protect maternal and child nutrition. National nutrition data should be disaggregated in order to establish whether and to what extent nutritional discrepancies exist among vulnerable groups and to inform policies towards realizing the human right to adequate food and the highest attainable standard of health. Furthermore progress towards the achievement of MDG 1, should be reported against reductions in the prevalence of stunting in children below the age of five, not just underweight. Stunting should eventually become the internationally agreed best single over-arching indicator for tracking poverty reduction efforts. [38]

14. The upcoming review of the global nutrition architecture, which is welcomed, should examine the different structures and alternative approaches being used by other sectors. Such a review should recognize the core role of the SCN in harmonizing the efforts of the UN agencies in the field of nutrition and acknowledge the prominent place of human rights on the agenda of the United Nations.

NOTES:

The purpose of these notes is to provide access to programme and policy guidance of relevance to the recommendations from the SCN 35th Session. The Lancet Nutrition Series (LNS) Paper 5 cites the lack of clear programme guidance as one of the shortcomings of the international nutrition system. The LNS provides little or no links to the programme guidance that is available, but then the LNS is much more about the "what" and the "why" of improving maternal and child undernutrition, and less about the "how". These notes aim to inform national level actors in this regard, so that they are better able to better interpret and use the recommendations and to help establish successful nutrition programmes that will contribute to accelerating the reduction of maternal and child undernutrition. These notes recognize that there are various existing sources of programme guidance in nutrition, but there is no "one stop" place where national level actors can find such guidance that is still up-to-date [39].

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[1] The Lancet Nutrition Series (LNS) is a series of five articles published in the first few months of 2008. Links to each of the articles are available at URL: http://www.thelancet.com/collections/series/undernutrition (accessed 23/05/08) and an executive summary in English and in French is available at URL: http://www.globalnutritionseries.org/series (accessed 02/06/08)

[2] Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) defines the right to food as "the right of everyone to adequate food and to be free from hunger". The ICESCR, which entered into force in 1976, is available at URL: http://www.unhchr.ch/html/menu3/b/a_cescr.htm (accessed 24/05/08). The normative content of the right to adequate food is elaborated in General Comment 12 to the ICESCR from 1999, which is available at URL: http://www.unhchr.ch/tbs/doc.nsf/0/3d02758c707031d58025677f003b73b9?Opendocument (accessed 02/06/2008). See also the Voluntary Guidelines to support the progressive realization of the right to adequate food in the context of national food security, adopted by the 127th Session of the FAO Council, November 2004, which provides practical guidance; available at URL: http://www.fao.org/docrep/meeting/009/y9825e/y9825e00.htm (accessed 22/05/08).

[3] Article 12 of the ICESCR defines the right to health as "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", and is available at URL: http://www.unhchr.ch/html/menu3/b/a_cescr.htm (accessed 24/05/08). The normative content of the right to health is described in General Comment 14 to the ICESCR from 2000, available at URL: http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En (accessed 02/06/08).

[4] All human rights are universal, indivisible, interrelated and interdependent. Besides the rights to food and to health described above, the rights of particular relevance to nutrition include children's right to food, health, care as well as survival and development as defined in Articles 24 and 6 of the Convention on the Rights of the Child (CRC). The CRC entered into force in 1991 and enjoys almost universal ratification by virtually all nation states. It is available at URL: http://www2.ohchr.org/english/law/crc.htm (accessed 02/06/08). Of particular importance to maternal and child undernutrition are the right of mothers to appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation, as defined in Article 12.2 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which entered into force in 1990 and is available from URL: http://www2.ohchr.org/english/law/cedaw.htm (accessed 02/06/08), as well as the right to work, social security, women's rights, etc, see further in the Voluntary Guidelines referenced in note 2.

[5] United Nations 2000. Resolution adopted by the General Assembly [without reference to a Main Committee (A/55/L.2)]. 55/2. United Nations Millennium Declaration, available at URL: http://www.un.org/millennium/declaration/ares552e.htm (accessed 24/05/08).

[6] United Nations 2000. The Millennium Development Goals. Available at URL: http://www.un.org/millenniumgoals/ (accessed 24/05/08)

[7] Paper two in the LNS concludes that half of the stunting at two years of age is caused by poor growth in uterus and half is due to poor growth in the first two years of life. The conclusions are based on evidence from cohort studies following the health, growth and development of children across their life cycle. Victora CG, Adair L, Fall C, Pedro C, Hallal PC, Martorell R, Richter L and Sachdev HS, for the Maternal and Child Undernutrition Study Group 2008. Maternal and child undernutrition: consequences for adult health and human capital. Lancet 371:340-357.

[8] Shrimpton R., Victora CG, de Onis M, et al. 2001. Worldwide Timing of Growth Faltering: Implications for Nutritional Interventions. Pediatrics. 107(5), e75.

[9] The LNS only considered evidence for facility based treatment of severe acute malnutrition, even though international guidance is already promoting the use of community based treatment using RUTFs in conjunction with facility based treatment. A joint

statement on the community based management of severe acute malnutrition made by WHO, WFP, SCN and UNICEF is available at URL: http://www.who.int/nutrition/topics/malnutrition/en/index.html (accessed 23/05/08). The statement largely draws on the conclusions from an informal consultation as described in the SCN Nutrition Policy Paper number 21, available at URL: http://www.unsystem.org/scn/Publications/NPP/npp21.pdf (accessed 23/05/08).

[10] Many nutrition programmes rely on weight growth monitoring as a platform for both providing appropriate guidance as well as monitoring impact. Weight growth monitoring on its own is not enough however, and certainly beyond two years of age weight and height must be measured in order to ensure that weight growth is adequate in relation to height. With the development of the new WHO growth standards, up-to-date programme guidance is available on how to measure and interpret children's growth. WHO 2006. Training Course on Child Growth Assessment. Version 1. Geneva: World Health Organization. Available at URL: http://www.who.int/childgrowth/training/Interpreting.pdf (accessed 29/05/08).

[11] Paper three of the LNS lists a set of "core" interventions, for which it considers there is sufficient evidence for implementation in all 36 countries that are home to 90% of stunted children in the world. Further interventions ("non-core") are indicated for use in "specific situational contexts". Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, Haider BA, Kirkwood B, Morris SS, Sachdev HPS and Shekar M, for the Maternal and Child Undernutrition Study Group 2008. What works? Interventions for maternal and child undernutrition and survival. Lancet 371(9610):417-440.

[12] Guidance on the feeding of infants and young children is available from the WHO/UNICEF Global Strategy for Infant and Young Child Feeding from 2003, available at URL: http://www.who.int/nutrition/topics/global_strategy/en/index.html (accessed 24/05/08). Two further guidelines to support the implementation of the strategy are also available at the same website: the WHO Infant and young child feeding: A tool for assessing national practices, policies and programmes from 2003 and the WHO Planning guide for national implementation of the global strategy for infant and young child feeding (Working draft) from 2006. An integrated course for training health workers in Infant and Young Child Feeding Counseling is also available at URL: http://www.who.int/nutrition/iycf_intergrated_course/en/index.html (accessed 29/05/08). An important dimension to the infant feeding guidance concerns the marketing of breastmilk substitutes, on which guidance was first issued over 25 years ago in the WHO International Code of Marketing of Breastmilk Substitutes from 1981, which is available at URL: http://www.who.int/nutrition/publications/code_english.pdf (accessed 24/05/08). The Code has been the subject of many subsequent resolutions by the World Health Assembly, an overview with full text of all these are available from the International Baby Food Action Network webpage at URL: http://www.ibfan.org/english/resource/who/whares3332.html (accessed 02/06/08)

[13] The LNS recommends that community based strategies for breastfeeding promotion should be integrated into health system support strategies. One such strategy is the Baby Friendly Hospital Initiative (BFHI), launched by WHO and UNICEF in 1991, following the Innocenti Declaration of 1990. BFHI is based on the Ten Steps to Successful Breastfeeding. The first BFHI material was published in 1992, the most recent revised BFHI package from 2006, which takes account of HIV concerns, is available at URL: http://www.who.int/nutrition/topics/bfhi/en/index.html. The evidence base for the Ten Steps is available at URL: http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/index.html (accessed 24/05/08).

[14] LNS considers that in "food secure" populations, evidence shows that nutrition education improves complementary feeding which improves linear growth. How to promote the adoption of optimal complementary feeding practices, is described in a document providing the scientific rational of each guideline. (PAHO/WHO 2003. Guiding principles for complementary feeding of the breastfed child. Washington DC: PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program. Available at URL: http://www.who.int/nutrition/publications/guiding_principles_compfeeding_breastfed.pdf accessed 25/05/08). One of the guidelines is on the use of fortified complementary foods or vitamin-mineral supplements for the infant, which in summary states that it is difficult to meet the recommended intakes of certain key nutrients (particularly iron, zinc and calcium) through complementary food mixtures without the inclusion of animal food sources. As these increase the cost and/or may not be culturally appropriate, the use of either fortified complementary foods or vitamin-mineral supplements should be considered "as needed" in most settings. Even in developed country settings the prevention of anemia in children has largely been achieved by fortifying complementary foods.

[15] The LNS considers there is sufficient evidence that iron-folate supplementation during pregnancy reduces anemia at term, and that their effective use at scale would reduce maternal mortality by 23%. Although most if not all countries have a national policy to give iron supplements to women during pregnancy, anemia rates in women of reproductive age are greater than 50% in all of the 36 countries that harbor 90% of global stunting. Coverage of iron supplements in women during pregnancy, although rarely measured or monitored, are often reported to be around 50%, but in reality are likely to be much lower (Mason J, et al 2001 The Micronutrient Report. Ottawa: The Micronutrient Initiative. Available at URL: http://www.micronutrient.org/resources/publications/mn_report.pdf accessed 26/05/08). The UN agencies recommend that in populations where more than 40% of women of reproductive age are anemic, supplementation with 60mg iron and 400 mcg of

folic acid should be given to all women during pregnancy and lactation for at least three months. (UNICEF/UNU/WHO 2001. Iron Deficiency Anemia: Assessment, Prevention and Control. A guide for programme managers. Available at URL: http://www.who.int/nutrition/publications/en/ida_assessment_prevention_control.pdf accessed 28/05/08). The UN also recommends that strategies to control anemia should consider infection control in addition to increased dietary intake (WHO/UNICEF 2004. Focusing on Anemia: Towards an integrated approach for effective anemia control. Joint UNICEF/WHO statement, available at URL: http://www.who.int/topics/anaemia/en/who_unicef-anaemiastatement.pdf accessed 26/05/08). Care is also needed in the distribution of iron supplements in malaria endemic areas, and a joint WHO UNICEF Statement is available on this (available at URL: http://www.who.int/nutrition/publications/WHOStatement_%20iron%20suppl.pdf accessed 12/06/08).

[16] Anemic mothers are rarely just iron deficient, but instead have multiple micronutrient deficiencies. For these reasons a multiple micronutrient supplement (MMS) that could potentially replace the iron-folic acid supplement has been developed for trial purposes (UNICEF/WHO/UNU 1999. Composition of a Multi-Micronutrient Supplement to Be Used in Pilot Programmes among Pregnant Women in Developing Countries. Report of an UNICEF/WHO/UNU workshop. Available at URL: http://www.idpas.org/pdf/059CompositionofMult-MicronutrientSupplement.pdf accessed 29/05/08). Although the LNS concluded that use of MMS in pregnancy can reduce the risk of low birth weight, and recommended it as a core intervention, there is still no UN guidance on the use of MMS in non-emergency situations. UN agencies have issued a joint statement which covers the use of MMS in populations affected by an emergency (WHO/UNICEF/WFP 2007. Preventing and controlling micronutrient deficiencies in populations affected by an emergency. Geneva: World Health Organization. Available at URL: http://www.who.int/nutrition/publications/WHO_WFP_UNICEFstatement.pdf accessed 25/05/08).

[17] Although comprehensive programme guidance on fortification of food exists (WHO/FAO 2006. Guidelines on food fortification with micronutrients. Allen L, de Benoist B, Dary O, Hurrell R (Eds). Geneva: World Health Organization. Available at URL: http://www.who.int/nutrition/publications/guide_food_fortification_micronutrients.pdf, accessed 28/05/08), specific guidance on how to fortify complementary foods, especially in developing country settings is more difficult to find. Although no adverse effects of increasing iron intake through fortification or home fortification of complementary foods have been reported, large-scale studies that include sufficient numbers of iron-replete children are still lacking. Further research is needed to verify the safety of iron-fortification strategies, particularly in malarial areas (Dewey KG 2007. Increasing iron intake of children through complementary foods. Food Nutr Bull. 28 (4 Suppl):S595-609.)

[18] There is considerable guidance available on the elimination of iodine deficiency (ICCIDD/MI/UNICEF/WHO 1995. Salt Iodization for the Elimination of Iodine Deficiency. Mannar V and Dunn J. International Council for the Control of Iodine Deficiency Disorders. Available at URL: http://www.micronutrient.org/Salt_CD/4.0_useful/4.1_fulltext/pdfs/4.1.1.pdf, accessed 29/05/08). Universal Salt Iodization was the main focus of the last edition of the SCN News, which is available at URL: http://www.unsystem.org/scn/Publications/SCNNews/scnnews35.pdf (accessed 29/05/08).

[19] Guidelines are available on the use of zinc supplements in the treatment of diarrhea (USAID/UNICEF/WHO 2005. Diarrhea treatment guidelines including new recommendations for the use of ORS and zinc supplementation for clinic-based healthcare workers. Geneva: World Health Organization. Available at URL: http://www.who.int/child_adolescent_health/documents/a85500/en/index.html accessed 12/06/08.

[20] A variety of sources of guidance on the control of vitamin A deficiency is also available through the Nutrition in Health and Development website at WHO (see URL: http://www.who.int/nutrition/publications/vitamin_a_pub/en/index.html (accessed 29/05/08).

[21] Guidelines on the use of RUTF in community settings are available (Valid International 2006. Community-based Therapeutic Care (CTC): A Field Manual. Available at URL http://www.fantaproject.org/ctc/manual2006.shtml accessed 24/05/08).

[22] These context specific interventions are more related to the three groups of underlying causes (Food, Health and Care) of malnutrition, which operate at the household and community level. The 1990 UNICEF Nutrition Strategy proposed the use of the **Triple A** method (**A**ssessing the problem, **A**nalysing the causes and implementing appropriate **A**ctions) in order to decide which actions should be taken to improve nutrition, i.e. the decision on which actions to take is context specific. The Analysis part of the Triple A is informed by the use of a **Conceptual Framework** which identifies the basic, underlying and immediate causes of malnutrition. The three groups of underlying causes are each essential but alone insufficient, meaning that for maximum impact, all three potential problem areas have to be resolved. The Basic causes are related to the natural resources available to the nation, the national income per capita, the quality of the human capital and of the institutions that provide governance. (Jonsson U. 1995. Ethics and Child Nutrition. Food and Nutrition Bulletin 16(4), available at URL: http://www.unu.edu/unupress/food/8f164e/8F164E03.htm#Ethics%20and%20child%20nutrition accessed 12/06/2008). The

immediate level of causality includes individual disease status and nutrient intake, and is where the LNS "core" or essential nutrition interventions operate at.

[23] Guidance on how to classify food security of a specific population in a defined geographic area is available from a variety of sources (WFP 2005. Emergency Food Security Assessment Hand Book. Available at URL: http://www.wfp.org/operations/emergency_needs/EFSA_Section1.pdf accessed 03/06/08 ; IFRC 2006. How to conduct a food security Assessment. Available at URL: http://www.ifrc.org/Docs/pubs/disasters/resources/about-disasters/fs-assessment.pdf accessed 06/06/08) . The Food Insecurity Vulnerability Information and Mapping System (FIVIMS) (http://www.fivims.org, accessed 30/05/08) promotes cross-sectoral analysis of underlying causes of food insecurity, hunger and malnutrition for improved policy making, programming and action. The Integrated Food Security Phase Classification (IPC) has developed a concrete set of indicators of food security. This innovative tool for improving food security analysis and decision-making, provides a standardized scale that integrates food security, nutrition and livelihood information into a clear statement about the nature and severity of a crisis and implications for strategic response. (Available at URL: http://www.ipcinfo.org/index.php accessed 30/05/08). The IPC has been developed to help coordinate the delivery of humanitarian aid in emergency situations. Similar scales for use in non-emergency settings have yet to be developed however. The Food and Nutrition Technical Assistance (FANTA) website is also a good source of guidance on the measurement of food security work as used to guide USAID technical assistance to Title II emergency programs and more than 80 development, nutrition, and food security programs in 27 countries (Available at URL: http://www.fantaproject.org/focus/foodsecurity.shtml accessed 30/05/08).

[24] Programme guidance on when and how to provide balanced energy-protein supplements to mothers during pregnancy is not readily available. The LNS Paper 3 used a cut off of 10% for excessive thinness (i.e. with a BMI less than 18.5) in women of reproductive age, in order to model the effects of the intervention. Improving maternal nutrition status to improve fetal development is not simply a question of improving dietary intake however as has been reported by several technical consultations. (WHO 2003. Promoting optimal fetal development: Report of a technical consultation. Geneva: World Health Organization.. Available at URL: http://www.who.int/nutrition/publications/fetal_dev_report_EN.pdf accessed 31/05/08 and ACC/SCN 2000. Low Birthweight. Nutrition Policy Paper No 18. Geneva: Standing Committee on Nutrition (Available at URL: http://www.unsystem.org/scn/Publications/NPP/npp18_lbw.pdf).

[25] LNS paper 3 considers that in areas of food insecurity efforts to improve complementary feeding requires the provision of food supplements. Operational guidance exists on infant and young child feeding in emergency situations (Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. Developed by the IFE Core Group. Version 2.1 – February 2007. Available at URL: http://www.ennonline.net/pool/files/ife/ops-guidance-2-1-english-010307.pdf accessed 30/05/08). Guidance on when and how to use food supplements in children 6-24 months in non-emergency situations in food insecure areas is less easy to find.

[26] The programmatic guidelines on the use of cash assistance that are available are more applicable to emergency situations than regular development settings (available at URL: http://www.icrc.org/Web/eng/siteeng0.nsf/htmlall/publication-guidelines-cash-transfer-programming/$File/Final-version-of-mouvement-guidelines.pdf accessed 12/06/08). A review of cash assistance use in more regular development settings is also available (See Chapman, Katie: Using social transfers to scale up equitable access to education and health services. DFID Background Paper, London, 2006 available at URL: http://www.dfid.gov.uk/pubs/files/socialtransfers-back.pdf accessed 12/06/08).

[27] Guidelines exist on how to control malaria infections that will contribute of improved maternal and child nutrition. (Roll Back Malaria. Malaria in pregnancy, Available at URL: http://www.rbm.who.int/cmc_upload/0/000/015/369/RBMInfosheet_4.htm accessed 31/05/08).

[28] Guidelines on preventive chemotherapy for the control of helminth infections in humans is available for health programme managers (WHO 2006. Preventive chemotherapy in human helminthiasis. Coordinated use of anthelminthic drugs in control interventions: a manual for health professionals and programme managers. Available at URL: http://whqlibdoc.who.int/publications/2006/9241547103_eng.pdf accessed 31/05/08). Specific guidelines also exist for use of chemotherapy during pregnancy and lactation and in young children (WHO 2002. Report of the WHO Informal Consultation on the use of Praziquantel during Pregnancy/Lactation and Albendazole/Mebendazole in Children under 24 months. Available at URL: http://www.who.int/wormcontrol/documents/en/pvc_20024full.pdf accessed 31/05/08).

[29] The LNS includes hand washing and hygiene interventions among the core measures that reduces the risk of diarrhea, under the assumption that these reductions contribute to reduce stunting. While it is recognized that reducing diarrheal diseases rates are not necessarily associated with improvements in child growth (Poskitt EM, Cole TJ, Whitehead RG. 1999 Less diarrhoea but no change in growth: 15 years' data from three Gambian villages. Arch Dis Child. 80(2):115-9), the hygiene and hand washing

dimensions of complementary food preparation are an important part of the child "care" component of nutrition programmes. This is especially so in areas where water and sanitation measures are poor. Programme guidelines exist on hand washing and hygiene, such as those described under the UNICEF WASH Strategies, available at URL: http://www.unicef.org/wes/index_43084.html (accessed 03/06/08).

[30] Haddad L, Alderman H, Appleton S, Song L and Yohannes Y. 2003. Reducing Child Malnutrition: How Far Does Income Growth Take Us? The World Bank Economic Review 17 (1) 107-131

[31] The World Bank publication Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action from 2006 makes the case that development partners and developing countries must increase investment in nutrition programs, and proposes to the international development community and national governments a global strategy for accelerated action in nutrition. Full report and executive summary in several languages is available at URL: http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTNUTRITION/0,,contentMDK:20613959~menuPK:282591~pagePK:210058~piPK:210062~theSitePK:282575,00.html (accessed 02/06/08)

[32] The LNS did not include any interventions related to improved maternal care, although they agreed that there is evidence that too many pregnancies as well as smoking during pregnancy and exposure to household smoke could all have a negative impact on maternal health as well as foetal growth. Programming guidance on how to improve maternal care is provided in the UNICEF Care Initiative, (UNICEF 1997 *The Care Initiative: Assessment, Analysis and Action to Improve Care for Nutrition*, UNICEF: New York.which is explained in the SCN Nutrition Policy Paper No 18 on Lowbirth Weight. (available at URL: http://www.unsystem.org/SCN/archives/npp18/ch09.htm#TopOfPage accessed

[33] The results of this work in progress will be posted at the WHO Nutrition for Health hand Development webpage at URL: http://www.who.int/nutrition

[34] Important advocacy tools include the executive summaries of the LNS available in English and French and of the World Bank Repositioning Nutrition as Central to Development available in English, French, Spanish and Chinese, referenced in note 1 and 27 above, respectively.

[35] Important advocacy tools for national implementation of the right to food, for example, is available from the FAO Right to Food resources page at URL: http://www.fao.org/righttofood/publi_en.htm (accessed 02/06/08), along with other material.

[36] FAO has established a webpage on the issue of increasing food prices at URL: http://www.fao.org/worldfoodsituation/wfs-home/en/, and the topic was in focus at the High-Level Conference on World Food Security: the Challenges of Climate Change and Bioenergy 3-5 June 2008.

[37] Programme guidance for nutrition in emergency situations is available through the "Toolkit for Addressing Nutrition in Emergency Situations" produced by the Nutrition Cluster of the Inter Agency Standing Committee, and available at URL: http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=74 accessed 18/06/08).

[38] The SCN Task Force on Assessment, Monitoring & Evaluation (March 2008) has recommended that for monitoring the progress made towards the achievement of MDG 1, both countries and development partners report against the prevalence of stunting in children below the age of five as an internationally agreed indicator of endemic poverty. Furthermore stunting should be used as an additional indicator of endemic poverty to monitor progress made towards the achievement of MDG 1. (Available at URL: http://www.unsystem.org/scn/ accessed 31/05/08).

[39] Other sources of programme guidance include the Basics "Nutrition Essentials", the World Bank Nutrition Tool Kit and the SCN Nutrition Policy paper on "What Works?. The later was developed for use in Asia with the purpose of defining for the Asian Development Bank a core menu of proven investment options supported by sound evidence of efficacy and is available at URL: http://www.unsystem.org/scn/Publications/NPP/npp19.pdf (accessed 12/06/08). Nutrition Essentials is a guide for health managers in developing countries, and was produced in the late nineties by Basics in collaboration with UNICEF and WHO (available at URL: http://www.basics.org/documents/pdf/NutritionEssentials_English.pdf accessed 12/10/08). The World Bank' "Nutrition Toolkit" is aimed at helping World Bank staff design and supervise effective and feasible nutrition projects and project components and to carry out comprehensive analysis of sectoral and policy issues affecting nutrition. The documentation is comprehensive covering project design, basic facts on nutrition through to programme communication (available at URL: http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTNUTRITION/0,,contentMDK:20184936~menuPK:282580~pagePK:148956~piPK:216618~theSitePK:282575,00.html accessed 12/06/08).