

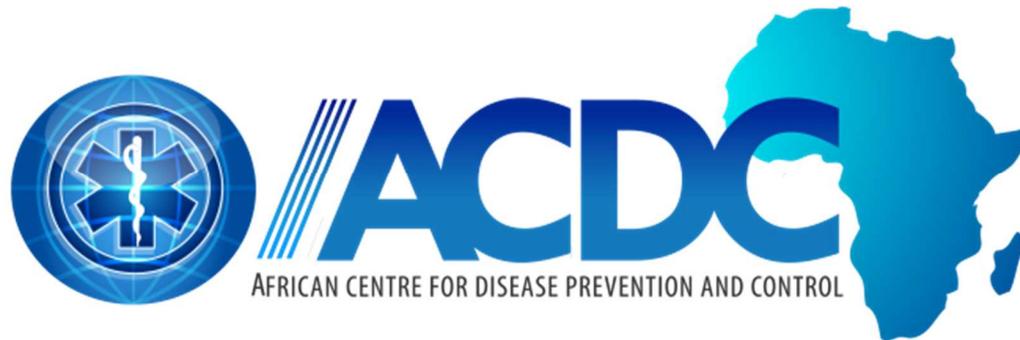


AFRICA HEALTH  
ORGANISATION



# AHO STRATEGY AND PLAN OF ACTION ON NUTRITION AND DEVELOPMENT

## Partners



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# Preface

Africa has the highest level of inequality in the world. In some countries there are noticeable socioeconomic and ethnic disparities among subregions and countries, within nations, and among population groups. Poverty in Africa is estimated to affect 704 million people. While some studies show that the prevalence of stunted children in poor households is three to ten times higher than in better-off households<sup>1</sup>, others estimate that underweight rates of preschool children are highly correlated with per capita income

Nutrition is both an indicator and outcome of national development. Some of AHO Goals—to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, ensure environmental sustainability, and combat HIV/AIDS, malaria and other diseases—are directly related to nutrition. Moreover, malnutrition has a negative impact on economic growth and perpetuates poverty through direct losses in productivity; indirect losses from poor cognitive function and deficits in schooling; and losses due to increased health care costs. Precise regional estimates are not available; however, the health costs and social burden of caring for the millions of people suffering from nutrition-related diseases are likely to be exorbitant. Unlike acute health conditions, they are not easily prevented even if adequate resources could be diverted from other pressing health needs. Prevention for all forms of malnutrition is therefore fundamental. Losses in gross domestic product (GDP) due to malnutrition are estimated at 2% to 3%, and productivity losses to individuals amount to some 10% of lifetime earnings. Reputable studies have concluded that nutrition interventions generate some of the highest returns on development investments.

The main malnutrition problems in Africa are infant underweight and stunting, micronutrient deficiencies, and overweight/obesity in the general population, affecting approximately 140 million people. All countries face a double burden of disease with the coexistence of obesity and undernutrition. Underweight and stunting, major determinants of infant and child mortality, jeopardize efforts to achieve regional, subregional and national development goals. Suboptimal nutrition in all its forms, including micronutrient deficiencies, seriously compromises the efficacy of other health interventions owing to its direct impact on the immune system, and increases the risk of disease, disability and death.



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## **Introduction**

1. This Strategy expresses the commitment of Africa to address food and nutrition issues in order to raise food and nutritional standards and assist in attaining the developmental goals of Africa. This Nutrition Strategy is based on three inescapable realities:

### ***Nutrition and National Development***

2. Nutrition is both an indicator and outcome of national development. Some of AHO Goals—to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, ensure environmental sustainability, and combat HIV/AIDS, malaria and other diseases—are directly related to nutrition. Moreover, malnutrition has a negative impact on economic growth and perpetuates poverty through direct losses in productivity; indirect losses from poor cognitive function and deficits in schooling; and losses due to increased health care costs. Precise regional estimates are not available; however, the health costs and social burden of caring for the millions of people suffering from nutrition-related diseases are likely to be exorbitant. Unlike acute health conditions, they are not easily prevented even if adequate resources could be diverted from other pressing health needs. Prevention for all forms of malnutrition is therefore fundamental. Losses in gross domestic product (GDP) due to malnutrition are estimated at 2% to 3%, and productivity losses to individuals amount to some 10% of lifetime earnings. Reputable studies have concluded that nutrition interventions generate some of the highest returns on development investments.

### ***Inequities and Malnutrition***

3. Africa has the highest level of inequality in the world. In some countries there are noticeable socioeconomic and ethnic disparities among subregions and countries, within nations, and among population groups. Poverty in Africa is estimated to affect 704 million people. While some studies show that the prevalence of stunted children in poor households is three to ten times higher than in better-off households<sup>1</sup>, others estimate that underweight rates of preschool children are highly correlated with per capita income.

### ***Multisectoral Context***

4. Any advanced strategy to meet the ongoing challenges of improving health and nutrition in Africa must take due account of the globalization process and the historical and specific conditions at the country level. Health and nutrition must also be integral parts of the policies and strategies of various sectors of the economy. The promotion of intersectoral policies with a strong food and nutrition perspective will not only help to improve nutritional status, but will also ensure that policy coherence is maintained in the course of implementation, thereby enhancing efficiency and cost-effectiveness. In the past, health and nutrition status, food security, agriculture, and trade issues have been regarded in the Region as belonging to unrelated sectors of the economy. However, there are strong links between these sectors; recognizing and making use of those links could contribute to sustainability of development and the enhancement of the health and nutrition status in the Region. The challenge is to provide a new multisectoral and holistic approach to food and nutrition interventions that will focus on prevention, and the promotion of sustainable initiatives that are effective in reducing malnutrition. The challenges are to identify and enhance technical, managerial, and political capacity, and ensure the long-term allocation of financial resources.

## Situation Analysis

5. The main malnutrition problems in Africa are infant underweight and stunting, micronutrient deficiencies, and overweight/obesity in the general population, affecting approximately 140 million people. All countries face a double burden of disease with the coexistence of obesity and undernutrition. Underweight and stunting, major determinants of infant and child mortality, jeopardize efforts to achieve regional, subregional and national development goals. Suboptimal nutrition in all its forms, including micronutrient deficiencies, seriously compromises the efficacy of other health interventions owing to its direct impact on the immune system, and increases the risk of disease, disability and death. Breast-feeding merits special recognition because of its short- and long-term effects on maternal and infant health and nutritional status. Its benefits during infancy and early childhood in all socioeconomic groups are indisputable. Table 1 shows the food and nutrition challenges in Africa.

### Table 1

- Population of Africa: 1.2 billion (2015).
- 1 out of 5 children under the age of 5 already has a nutritional impairment.
- 3 out of 10 children under the age of five suffer from iron deficiency anaemia.
- 32 million between the ages of 5 and 14 suffer iron deficiency anaemia
- 4 out of 10 pregnant women have anaemia: 5 million (29 million women of reproductive age).
- 1 out of 10 children have subclinical vitamin A deficiency.
- 47.4 million individuals and 7.1 school-age children are affected by iodine deficiency.
- Between 2 and 6 out of 10 adults suffer from overweight or obesity: 53 million.
- 3,300,000 people have HIV infection.
- 55 million people are still food-insecure (limited access to basic food basket, poor in both quality and quantity).
- Childhood and maternal underweight alone are responsible for 46 million disability -adjusted life years (DALYs).
- Nutrition-related risk factors for chronic disease are responsible for a large share of the disease burden of 12.5 million disability adjusted life years..

6 Poor dietary quality, alone and in association with infectious diseases, is a major cause of death, growth failure, cognitive and intellectual impairment and other diseases. Maternal nutrition during the reproductive period is essential to infant and young child nutrition. Another critical factor is inadequate complementary feeding practices, particularly between the ages of 6 and 24 months, when children start eating family foods to complement breast milk. Reduced access and consumption of micronutrient-rich foods are responsible for the high prevalence of anaemia in women and children.

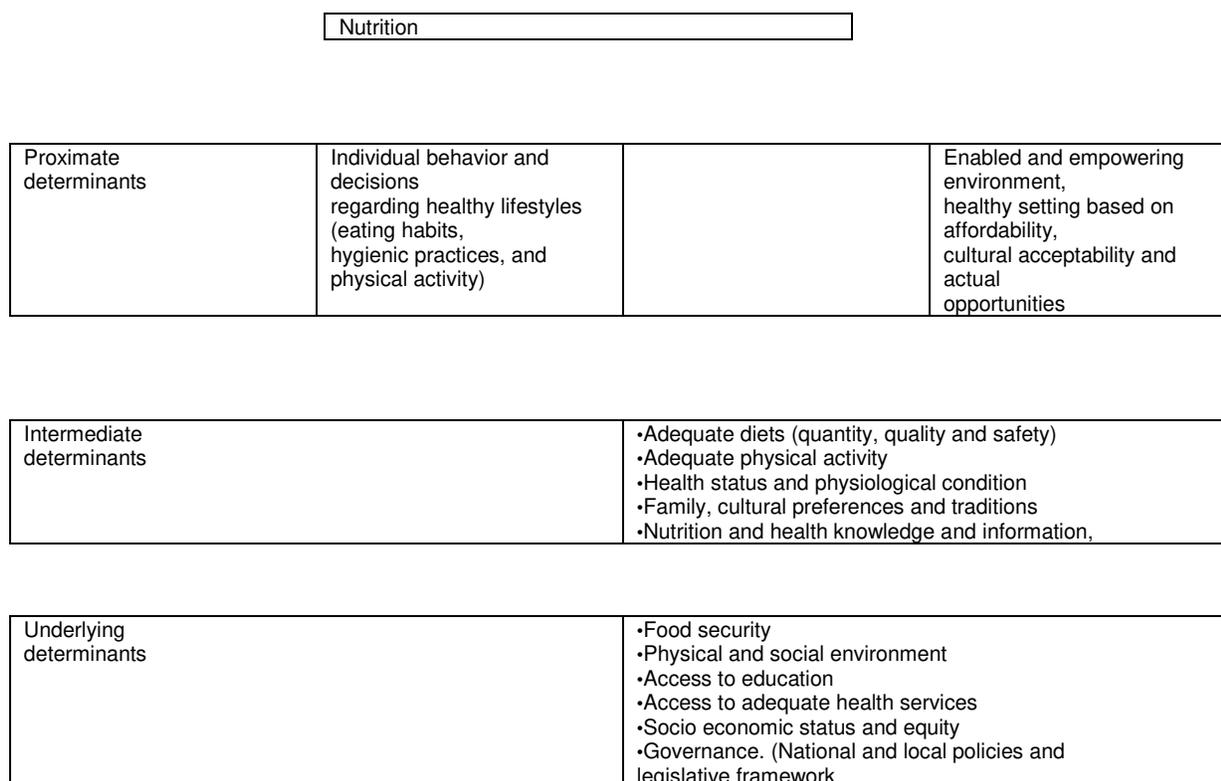
7. In rural and poor urban areas, overweight and obese parents, often suffering from specific deficiencies such as iron, calcium, folate, and zinc, are frequently found to have stunted and anaemic children. The rise in obesity and noncommunicable diseases in Africa is linked to poverty, inadequate diets, and sedentary lifestyles. The failure to achieve even the minimum recommended levels of physical activity is also a matter for concern. With regard to diet, there is a dominant pattern of over-consumption of high energy foods that are commonly associated with low nutrient intake. A downward trend in the consumption of fruit, vegetables and whole grains

is also evident. Increased consumption of foods rich in saturated fats, sugar and salt is linked to the lower prices of processed foods, new marketing strategies and to changes in diet from traditional to processed foods. Obesity is both a disease in its own right and an important risk factor for many noncommunicable chronic diseases such as diabetes mellitus type 2, hypertension, ischemic heart diseases, stroke and some cancers. This double burden of disease places enormous demands both on governments, on account of the high cost of treatment, and on individuals and families, resulting in higher costs to society in terms of disability days and loss of quality of life. The poor are more affected than the wealthy both in percentage and in absolute terms. The factors mentioned above, when associated with a sedentary lifestyle, play a large part in the NCD epidemic in adulthood.

### A Framework for AHO's Strategy

8. For the purposes of this Strategy, some key determinants of nutritional status are set out in Figure 1. The nature of these factors and their interactions form the basis for the development of the Regional Strategy. This framework recognizes the importance not only of individual choices, but also of social, economic, political and cultural factors. Evidence suggests that well-organized and empowered households and communities are highly effective in determining their own health and quality of life, and are capable of making governments and the private sector accountable for the health consequences of their policies and practices. In addition, health promotion initiatives suggest that civil society needs to exercise its power in the marketplace by giving preference to the goods, services and shares of companies that show social responsibility.

**Figure 1. Determinants of Nutrition**



9. AHO technical cooperation in nutrition will therefore be developed in a context of global, institutional and social change in the Region. There will nevertheless be diverse challenges and critical issues to be faced in implementing the strategy. To ensure coherence in the strategy, a lifestyle and life-course approach will be adopted. A life-course perspective recognizes the interactive and cumulative impact of social and biological influences throughout life, in particular the importance of early life factors (in utero and early childhood) and their influence on chronic diseases in adulthood.

### **The Strategy**

11. AHO's fundamental role in addressing the food and nutrition problems is to strengthen the institutional capacity of Members to implement intersectoral policies and programs that promote optimal breast-feeding and complementary feeding practices, staple and targeted food fortification, micronutrient supplementation, healthy diets, and physical activity. More broadly, it is to promote the adoption and implementation of food- and nutrition-security legislation, policies and programs that address the underlying causes of poor nutrition to ensure that nutrition considerations are included in poverty-reduction and sector-reform strategies, trade agreements, and the regulation and monitoring of foods and their constituent ingredients.

12. The Strategy seeks to define AHO's role in providing technical cooperation and facilitating technical cooperation between countries. With respect to the broader development community and multiple highly qualified and competent health and nutrition actors, it also seeks to define AHO's relative niche and comparative advantage complementing their nutrition-related work to improve nutritional levels in Members. This Strategy encompasses five strategic areas that will ensure the achievement of measurable results at the regional, subregional, national, and subnational levels, and all five are consistent with AHO's strategic orientations. The Plan of Action for the implementation of the Strategy will be tailored to specific country needs focusing on the most excluded population groups.

### ***Development and Dissemination of Macropolicies Targeting the Most Critical Nutrition-related Issues***

13. Current social and economic policies need to be reviewed to identify opportunities for social change in the population through interventions in both the health and the non-health sectors, with emphasis on promotion of nutrition, healthy eating and physical activity. This strategic area will encourage and provide technical cooperation for the development and implementation of public policies tailored to change nutritional status through interventions in sectors other than health, based upon an analysis of social, economic and trade policies. Topics of special importance are: access to adequate foods at affordable prices; promotion of adequate feeding practices including breast-feeding, consumer information including labelling and food safety; physical activity; health and the urbanization process; nutrition issues in health and education policies; institutional

food programs; the global effect of the market and trade liberalization. The challenge is to increase the adoption of new legislative and organizational frameworks designed to improve nutrition through diverse sectors and the management of multisectoral determinants.

### ***Strengthening Resource Capacity through the Health and Non-health Sectors Based on Standards***

14. Strengthening health systems (services and environmental factors) for preventive care: This strategic area will endorse and encourage scaling-up of services for the provision of quality comprehensive preventive health and nutrition care for vulnerable population groups with emphasis on maternal and child care; nutrition in adolescents, in the elderly, in patients with HIV/AIDS; and innovative supplementation and fortification initiatives to address micronutrient deficiencies. It will also promote the expansion of consolidated models to correct suboptimal nutrition and nutritional deficiencies, and obesity in vulnerable groups. Most importantly, it will tackle missed opportunities by addressing risk factors for optimal growth and development within existing maternal and child health care initiatives. The challenge is to strengthen the delivery of effective nutrition and health care (prevention and treatment) through existing health systems.

15. Building multisectoral resource capacity (to design, implement and evaluate effective interventions): This strategic area of action will encourage the development of training programs and essential packages to improve the capacity of multisectoral personnel and community leaders to influence nutritional outcomes. Capacities among public, private and civil society organizations will be strengthened in the management of food and nutrition issues within social, economic and trade policies. Priority should be given to the areas of food production, food and nutrition education, and environmental sanitation initiatives. In addition, adequate food consumption and food safety will be promoted on the basis of national and international guidelines, among health and non-health health personnel with private-sector and civil society organizations. This strategic area will encourage strengthening and timely implementation of best practices-based programs, and consolidation of technology-transfer models. Effective coordination with other agencies will be required to avoid duplication of action and to guarantee efficient use of resources. The challenge is to increase the capacity of personnel in sectors other than health to design, implement and evaluate effective performance-based interventions in relation to progress of nutrition outcomes.

### ***Information and Knowledge Management***

16. Timely and accurate health and nutrition information is essential for policymaking, planning, program implementation and measuring progress and success. This strategic area will encourage protocols to improve national capacity to collect and analyse data on health and non-health sector determinants of nutrition, and to monitor and evaluate food and nutrition components in social, economic, trade and environmental investment plans at both national and sub-national levels. Estimates at sub-national levels, evaluation of trends in dietary habits, patterns of physical activity and the interaction between them, and protective and risk factors of obesity- and nutrition-related chronic diseases through the life course will be encouraged. This strategic area will also promote the development of science and technology policies that contribute to an understanding of nutrition determinants in Africa, including food and nutrition in social, economic and trade research. The challenge is to improve current systems in order to track of

nutrition indicator trends in multisectoral nutrition determinants at national and sub-national levels.

### ***Development and Dissemination of Guidelines, Tools, Effective Models and Evaluation Systems***

17. This strategic area proposes to identify new opportunities for food and nutrition, health education and social marketing within other related programs. It will encourage interventions for behavioural change, recognizing that such change requires the availability of new choices that the vulnerable population groups will find more attractive than their habitual choices. This will also promote communication and awareness campaigns on affordable healthy food choices for diverse audiences, and on daily moderate physical activity. Technical assistance can be provided to identify target audiences, best practices, most useful media, and opportunities for choice-making that will provide health benefits at less cost. Special emphasis will be placed on sustainable options involving private industry, appropriate media, and informed demand based on dietary and health guidelines, food labelling, and social communication. It will also encourage the dissemination of guidelines, norms and state-of-the-art papers on the improvement of service delivery (on prevention and management of suboptimal nutrition and micronutrient deficiencies, and on dietary and exercise treatment protocols to control obesity, with emphasis on child obesity, through health care services), dietary trends, successful interventions, safety foods, does this mean healthier foods and issues related to the food chain. The strategic line of action will encourage a balanced coverage of health and nutrition from both a biomedical and a lifestyle perspective. The challenge is to achieve and sustain the required behavioural changes.

### ***Mobilizing Partnerships, Networks, and a Regional Forum in Food and Nutrition***

18. The influence of private institutions and noncommunicable diseases on national and international political decisions has been growing in recent years. This strategic area will aim to serve as a guide for the private sector, foundations, and nongovernmental organizations in respect of common approaches to social and economic interventions with a strong nutrition perspective. It will also encourage the building of effective alliances, the maximization of resources, and increased technical cooperation between these sectors. A vital component of this strategic area is AHO's contribution in incorporating nutrition concerns into current debates, dialogue, and forums. Priority will be assigned to developing political discussion and exchange processes at the intersectoral level of current legislative frameworks. Networks on food and nutrition issues in social, economic and trade spheres will encourage the participation of public, private and civil society organizations, universities, and research centres. The challenge is to establish partnerships, networks and alliances for effective, complementary and synergistic actions in nutrition for health and development. Strategic alliances and partnerships will be strengthened and/or established with recognized collaborative national and regional centres

## **Plan of Action**

### ***Goal***

19. To contribute to the promotion of equity in health, to prevent and combat disease, and to improve the quality of and lengthen the lives of the peoples of Africa by improving nutritional status throughout the life course, especially among the poor and other vulnerable groups, and through strategic collaborative efforts among Members and other partners

### ***Purpose***

20. By 2030, to improve the nutritional level of all the people of Africa by promoting and implementing an integrated, comprehensive, science-based, and action policy-oriented nutrition agenda at the regional, subregional and country levels.

### ***Expected Results***

21. The countries are achieving nutrition-related Goals. The countries are reducing nutrition-related excess mortality, morbidity, and disability through-out the life course, especially among the poor and other vulnerable groups

### **Lines of Action**

22. The Plan of Action for the implementation of the Strategy will be tailored to specific subregional and country needs, focusing on the most excluded population groups. Three lines of action are proposed.

#### ***Food and Nutrition in Health and Development***

- Objective: To promote integration of nutrition into social, economic and trade policies and plans in order to meet nutritional needs throughout the life course and to tackle nutrition transition problems at regional, subregional, national, and local levels

#### ***Suboptimal Nutrition and Nutritional Deficiencies***

- Objective: To reduce nutritional deficiencies and suboptimal nutrition through prevention and treatment strategies targeted towards vulnerable groups throughout the life course and in the event of disasters.

#### ***Nutrition and Physical Activity in Obesity and Nutrition-related Chronic Diseases***

- Objective: To promote the adoption of healthy dietary habits, active lifestyles, the control of obesity- and nutrition-related chronic diseases

### **AHO Mechanisms for Coordination, Planning and Evaluation**

23. The Strategy takes into account AHO's general policy guidelines and principles in the Strategic Plan 2020-2030. Below are two summary tables related to internal and external actors that will ensure the interprogrammatic work, and multisectoral approach.

### **Action by the Subcommittee on Planning and Programming**

24. The Regional Strategy and Plan of Action on Food and Nutrition for Health and Development will be implemented throughout the 10-year period 2020-2030. Regional level coordination will include active participation in effective partnerships and leading political will among stakeholders to address nutrition issues from a multisectoral dimension.

25. AHO's Strategic Plan has identified five priority countries that exhibit poor health outcomes, including poor nutritional status, that will be incorporated into the Plan of Action. Other countries will be encouraged to participate in this renewed technical cooperation process in order to reduce food and nutrition disparities among population groups.

26. Based on the information presented, the Subcommittee on Planning and Programming is requested to take the following action: a) to analyse and comment on the proposed strategy and plan of action, b) to consider ways in which the Member States can formally adopt the Food and Nutrition Strategy and Plan of Action, and c) to advise the Secretariat on how best to follow up progress in implementing the preventive measures and nutrition-promotion initiatives and to mobilize the necessary resources to improve nutritional status in Africa

**Plan of Action: Lines of Action, Expected Results and Activities AHO Food and Nutrition for Health and Development, 2020-2030**

<b>Line of action 1. Food and nutrition in health and development</b>	
<b>Objective:</b> To promote integration of nutrition into social, economic and trade policies and plans in order to meet nutrition needs throughout the life course and to tackle nutrition transition problems at the regional, subregional, national, and local levels	
<b>Expected results</b>	<b>Activities</b>
Number of countries incorporating, implementing, and evaluating food and nutrition components in social, economic and trade policies and plans at national and local levels in the context of AHO commitments.	1.1 Advocacy at international, subregional, national and local levels to incorporate food and nutrition issues (food production, food safety, food trade, food imports, food prices, food fortification, etc.) on key opportunities for formulation of policies and plans. 1.2 Define the national food and nutrition agenda, taking into consideration social, economic, and trade policies. 1.3 Develop a framework and guidelines for policy, situation and institutional analysis for incorporating food and nutrition issues in national and sectoral policies and plans.
Number of countries with financial resources allocated to address nutrition priorities in the context of national social, economic and trade plans.	2.1 Analyse annual sectoral resources available at national level that contribute to food and nutrition priorities. 2.2 Formulate proposals to reallocate public and external cooperation resources to address new social and economic opportunities to incorporate food and nutrition priorities with emphasis on behavioural change.
Number of countries with human resource competences and institutional capacities strengthened in management of food and nutrition issues in social, economic and trade policies and plans at national and local levels (public, private, and civil society organizations). National institutional capacity strengthened in food	3.1 Adapt training modules on management of food and nutrition policy issues within social, economic, and trade initiatives (public, private and civil society organizations) through partnership with formal education institutions and other international organizations. 3.2 Integrate food and nutrition in social and economic development plans as a strategic perspective in teaching, research and extension activities within universities and other educational institutions.
and nutrition situation analysis and its determinants for decision-making on social, economic, and trade policy and plans (observatory).	4.1 Develop training modules for intersectoral personnel on methodological issues relating to food and nutrition integrated data analysis for decision-making in diverse sectors. 4.2 Promote regional observatory and forum on food and nutrition in social, economic and
Number of countries monitoring and evaluating food and nutrition components in social, economic, trade	trade agendas with a multisectoral approach and social participation. 5.1 Develop tools to monitor and evaluate food and nutrition outcomes of social, economic and trade policies and plans. 5.2 Incorporate food and nutritional indicators into the Regional Core Health Data and Country Profile Initiative in Africa and promote its use within countries. 5.3 Develop and validate participatory models for monitoring multisectoral risk factors of food and nutrition outcomes in sentinel sites. 6.1 Promote the participative formulation of a research agenda on food and nutrition issues in social, economic and trade sectors with

<p>and environmental investment plans at the national and local levels.</p> <p>Number of countries with science and technology policy including food and nutrition in social, economic, and trade research, and resources allocated.</p> <p>Number of people recognizing food and nutrition as a basic human right (general population, public, private, and civil organization, professionals, stakeholders).</p> <p>Number of countries with mechanisms for harmonization of resources and active networks on food and nutrition issues in social, economic and trade spheres developed with participation of public, private and civil society organizations, universities, research centers.</p>	<p>public, private and civil society organizations.</p> <p>6.2 Increase efforts to identify financial resources for applied and operational research on food and nutrition issues according to the research agenda.</p> <p>7.1 Support the formulation of social marketing strategies on food and nutrition as a basic human right at regional, subregional, and national levels.</p> <p>8.1 Promote and/or strengthen networks for discussion on food and nutrition issues in social, economic and trade forums and their relationship to health and development, coordinating the work of partners and linkages with national coordinating authorities.</p> <p>8.2 Build partnerships with research institutions for analysis of the effects of social, economic and trade policies on food and nutrition outcomes at household and individual levels</p> <p>8.3 Organize and promote exchange of experiences on the role of social, economic and trade policies on food and nutrition outcomes at regional, national, and local levels.</p>
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<b>Line of action 2. Suboptimal nutrition and deficiencies</b>	
<b>Objective:</b> To eliminate nutritional deficiencies and suboptimal nutrition through prevention and treatment strategies targeted towards vulnerable groups throughout the life course and in the event of disasters.	
<b>Expected results</b>	<b>Activities</b>
<p>Number of countries with models consolidated and expanded to reduce suboptimal nutrition and nutritional deficiencies throughout the life course in vulnerable groups (norms, standards, and guidelines to manage, monitor and evaluate nutrition interventions)</p> <ul style="list-style-type: none"> <li>• nutrition in maternal and child health care services</li> <li>• promotion of adequate child growth and development</li> <li>• innovative supplementation and fortification strategies to address micronutrient deficiencies</li> <li>• nutrition in adolescents</li> <li>• nutrition in the elderly</li> <li>• nutrition action in emergencies</li> <li>• nutrition and HIV/AIDS</li> <li>• promotion of adequate food consumption and food safety based on dietary guidelines</li> </ul> <p>Number of countries with training and technology transfer models to strengthen capacity of health and suboptimal nutrition and nutritional deficiencies through public and private sectors and civil society organizations.</p> <p>Number of countries monitoring and evaluating performance (technical and management) of interventions to prevent and</p>	<p>1.1 Promote the implementation of WHO's new growth standards.</p> <p>1.2 Promote the implementation of integrated strategies to improve maternal and child health and nutrition through health services (prenatal care and fetal development, neonatal and child care, adequate feeding practices, and severe malnutrition).</p> <p>1.3 Develop and promote new approaches to integrate prevention and control of micronutrient deficiencies.</p> <p>1.4 Strengthen national regulations and technical norms related to food fortification to improve the quality of intervention.</p> <p>1.5 Promote the implementation of guidelines on management of nutrition and HIV/AIDS.</p> <p>1.6 Promote the implementation of guidelines on management of severe malnutrition.</p> <p>1.7 Promote the implementation of guidelines on nutrition action in emergencies.</p> <p>1.8 Formulate, promote and update food-based dietary guidelines.</p> <p>1.9 Promote food quality and food safety with active participation of public, private and civil society organizations.</p> <p>1.10 Promote the implementation of at least three high- priority actions defined by WHO's Global Strategy for Infant and Young Child Feeding for protection, promotion and support.</p> <p>1.11 Develop educational toolkit in 3 languages on key nutrition issues and disseminate through communications strategies throughout the Region to all potential partners.</p> <p>1.12 Promote the involvement of university networks in reviewing nutrition contents of educational curricula at primary, secondary, and university levels and in other educational institutions.</p> <p>2.1 Adapt training modules, update guidelines and tools, and implement training strategies for trainers for health and nonhealth personnel to manage interventions to reduce suboptimal nutrition and nutritional deficiencies through health sector and other multisectoral</p>

<p>control suboptimal nutrition and nutritional deficiencies through public, private, and civil society organizations.</p> <p>Number of countries with updated information on nutritional deficiencies and risk factors of suboptimal nutrition and nutritional deficiencies. Number of countries with research development plans on suboptimal nutrition and nutritional deficiencies.</p> <p>Number of countries documenting best practices and lessons learned from successful experiences to reduce suboptimal nutrition and nutritional deficiencies.</p>	<p>opportunities.</p> <p>2.2 Promote the implementation of modern management models and tools to improve program performance and efficiency to reduce suboptimal nutrition and nutritional deficiencies.</p> <p>3.1 Organize exchange of experiences in monitoring and evaluation of performance of services and interventions to prevent and control suboptimal nutrition and nutritional deficiencies throughout the life course.</p> <p>3.2 Develop monitoring and evaluation of interventions promoting optimal nutrition through multisectoral partners.</p> <p>3.3 Develop and promote regulatory monitoring and evaluation of fortification and food safety interventions through multisectoral partners.</p> <p>4.1 Develop and promote monitoring of food-consumption patterns and risk factors for optimal maternal and child nutrition and micronutrient deficiencies at national and local levels.</p> <p>4.2 Promote data analysis of trends in breast-feeding, complementary feeding practices, prevalence of anemia, prevalence of low height-for-age, and overweight in relation to availability of integrated health services; use of health services; and coverage of integrated health services, education interventions, and food fortification.</p> <p>5.1 Promote the participative formulation of a research agenda on suboptimal nutrition and nutritional deficiencies</p> <p>5.2 Orient efforts to identify financial resources for multicenter basic and operational research on suboptimal nutrition and nutritional deficiencies.</p> <p>6.1 Promote systematization and dissemination of evidence-based interventions, best practices and lessons learned from successful experiences contributing to the reduction of suboptimal nutrition and micronutrient deficiencies.</p> <p>6.2 Promote meta-analysis research on suboptimal nutrition and nutritional deficiencies.</p>
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<b>Line of action 3. Nutrition and physical activity in obesity- and nutrition-related chronic diseases</b>	
<b>Objective:</b> To promote the adoption of healthy dietary habits, active lifestyles and the adequate control of obesity and nutrition-related chronic diseases.	
<b>Expected results</b>	<b>Activities</b>
<p>Number of countries with legislative framework, multisectoral policies and incentives to promote healthy eating and physical activity: increased consumption of fruit and vegetables, increased production and trade of fruits and vegetables, increased opportunities for physical activity, adequate food advertising oriented towards children, adequate labelling of prepacked foods, reduced trans fats in processed foods, institutionalization of physical education in schools and worksites.</p> <p>Number of countries with strengthened capacity of health and non-health public and private sectors and civil society organizations for promoting healthy eating and exercise through training and technological transfer models.</p> <p>Number of countries monitoring and evaluating trends in dietary habits, patterns of physical activity and the interaction between them, and risk factors of obesity- and nutrition-related chronic diseases throughout the life course (consumption of sugars and fats, fruits and vegetables).</p> <p>Number of countries promoting healthy eating and physical activity based upon norms and guidelines through communication and awareness campaigns (affordable healthy food choices for diverse audiences, health benefits of 30 minutes of daily moderate physical activity).</p> <p>Number of countries with dietary and exercise treatment protocols to control obesity, with emphasis on child obesity, through health care services.</p> <p>Number of countries documenting best practices and lessons learned from successful experiences to reduce obesity- and nutrition-related related chronic diseases.</p>	<p>1.1 Promote the analysis and review of legislation and regulations that enhance/limit healthy dietary and exercise choices (transport, sports, availability of unprocessed foods, food importation, labour and workplace, agriculture policies, street foods, recreational facilities, advertising to protect consumers particularly children).</p> <p>1.2 Promote the development of national plans of action based on WHO Global Strategy on Diet, Physical Activity and Health including interventions and policies that enable environmental and behavioural changes, and are sustainable over time, promoting healthy diets and physical activity.</p> <p>1.3 Develop of national dietary guidelines to promote healthy diets with emphasis on increasing fruit and vegetables consumption.</p> <p>2.1 Develop and implement training strategies for trainers for health and non-health personnel to promote informed decision making towards healthy dietary and exercise choices through multisectoral actions.</p> <p>3.1 Identify data base opportunities to analyse determinants and risk factors, trends of obesity- and nutrition-related chronic diseases, such as household expenditures/living standards surveys, demographic health surveys, etc.</p> <p>3.2 Develop analysis models of integrated determinants of obesity- and nutrition-related chronic diseases.</p> <p>3.3 Evaluate impact of healthy eating and physical activity initiatives on health and nutrition outcomes.</p> <p>4.1 Promote the design and implementation of social communication and education interventions promoting healthy diets and increasing physical activity.</p> <p>4.2 Develop social marketing strategy among political decision-makers to raise awareness and understanding of the importance of a healthy diet and an active lifestyles for all,</p>

<p>Number of countries participating in regional network partnerships and agreements to prevent obesity- and nutrition-related chronic diseases and promote nutrition and physical activity</p>	<p>with emphasis on the poor population.</p> <p>5.1 Promote adaptation and dissemination of WHO guidelines on control of obesity, with emphasis on childhood obesity.</p> <p>6.1 Promote systematization and dissemination of evidence-based interventions, best practices and lessons learned from successful experiences contributing to the reduction of obesity- and nutrition-related chronic diseases particularly among the poor.</p> <p>6.2 Disseminate evidence-based interventions/best practices for healthy eating and physical activity.</p> <p>7.1 Promote and/or strengthen networks for discussing nutrition and physical activity in obesity- and nutrition-related chronic diseases and enhancing healthy dietary and exercise choices.</p> <p>7.2 Develop network agenda on nutrition and physical activity in obesity- and nutrition-related chronic diseases.</p>
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