

# COMPREHENSIVE IMPLEMENTATION PLAN ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION



World Health  
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**COMPREHENSIVE  
IMPLEMENTATION  
PLAN ON MATERNAL,  
INFANT AND YOUNG CHILD  
NUTRITION**



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# PREFACE

Since the approval of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition in 2012 food and nutrition policies have received increased political attention.

The global nutrition targets endorsed by the Health Assembly in resolution WHA65.6 have been widely adopted by global initiatives, including the Scaling Up Nutrition (SUN) movement, the Global Nutrition for Growth Compact and several donors' strategies. The targets are also referred to in several documents leading to the post-2015 development agenda.

Through the SUN movement, 50 countries have committed themselves to improving the political environment, aligning multiple actors, advancing policies and legislation and rapidly scaling up effective nutrition actions. In June 2013, government leaders from 19 countries as well as development partners, the private sector, the scientific community and civil society groups undertook to prevent at least 20 million children from being stunted by 2020, in line with the comprehensive implementation plan's global targets for 2025. Fourteen of these 19 governments committed themselves to increasing domestic resources invested in expanding national nutrition plans, namely up to US\$ 4 150 million for specific nutrition interventions and an estimated US\$ 19 000 million for improved nutrition outcomes from nutrition-sensitive investments between 2013 and 2020.

There is greater understanding on how combined actions in the health, food, water and sanitation, education and social support sectors are contributing to improved nutrition and countries are increasingly focusing on the development of multisectoral plans to improve nutrition. WHO has prepared and updated guidance in several areas, including provision of vitamins and minerals in different age groups, fortification of staple foods, management of acute malnutrition, and dietary goals for preventing obesity and diet-related noncommunicable diseases. United Nations specialized agencies, together with the World Bank and academics indicated that agricultural policies and



programmes can be made nutrition-sensitive if they are designed to increase the availability, affordability, and consumption of diverse, safe, nutritious foods; align with dietary recommendations and ensure environmental sustainability; empower women; and include nutrition promotion messages.

Progress has therefore been documented in all five action areas of this plan:

- 1** to create a supportive environment for the implementation of comprehensive food and nutrition policies;
- 2** to include all required effective health interventions with an impact on nutrition in national nutrition plans;
- 3** to stimulate development policies and programmes outside the health sector that recognize and include nutrition;
- 4** to provide sufficient human and financial resources for the implementation of nutrition interventions; and
- 5** to monitor and evaluate the implementation of policies and programmes.

However, the achievement of the global nutrition targets by the year 2025 is proving a challenge for many countries in all world regions. WHO is increasingly committed to work with governments, UN Agencies and other partners to accelerate progress towards this fundamental health and development goal.

Oleg Chestnov

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# COMPREHENSIVE IMPLEMENTATION PLAN ON MATERNAL, INFANT AND YOUNG CHILD NUTRITION<sup>1</sup>



## RATIONALE

### Global nutrition challenges are multifaceted

**A**dequate provision of nutrients, beginning in early stages of life, is crucial to ensure good physical and mental development and long-term health. Poor availability or access to food of adequate nutritional quality or the exposure to conditions that impair absorption and use of nutrients has led to large sections of the world's population being undernourished, having poor vitamin and mineral status or being overweight and obese, with large differences among population groups. These conditions are often present simultaneously and are interconnected.

In women, both low body mass index and short stature are highly prevalent in low-income countries, leading to poor fetal development, increased risk of complications in pregnancy, and the need for assisted delivery.<sup>2</sup> In some countries in south-central Asia, more than 10% of women aged 15–49 years are shorter than 145 cm. In sub-Saharan Africa, south-central and south-eastern Asia, more than 20% of women have a body mass index less than 18.5 kg/m<sup>2</sup> and this

<sup>1</sup> Endorsed by the Sixty-fifth World Health Assembly in resolution WHA65.6

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