

NUTRITION POLICY



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Executive Summary

This policy details how WFP can support governments in achieving their commitments to reducing malnutrition and reaching Sustainable Development Goal (SDG) 2, particularly Target 2.2. As the world embarks on the path of sustainable development, WFP recognizes that good nutrition is both a critical input to and an outcome of the SDGs. With concurrent emergencies continuing around the world, humanitarian response will remain a priority in WFP's nutrition activities and will be essential to achieving the SDGs. Ensuring that nutrient needs are met before, during and after emergencies is central to WFP's work, as the changing nature and frequency of crises amplify already critical levels of malnutrition.

The policy builds on the good work started by the previous WFP nutrition policy and takes into account evaluation findings, new evidence and innovations from WFP programmes. It expands WFP's focus on preventing malnutrition to cover all forms of malnutrition – including both undernutrition and overweight/obesity (Box 1) – while reaffirming WFP's support to treatment of moderate acute malnutrition, which is a critical part of the continuum of care.

The policy is aligned with WFP's Integrated Road Map and reaffirms national governments as WFP's primary partners. At the country level, WFP coordinates with other United Nations agencies, using the United Nations Development Assistance Framework (UNDAF) or other mechanisms to support government-led strategies and programmes.

This policy commits WFP to increasing its focus on resilience-building and stunting prevention in longer-term humanitarian responses with national governments and other partners and aims to ensure that WFP applies a nutrition lens in all of its activities, identifying and leveraging opportunities to improve nutrition through its work. The policy aims to leverage WFP's support to reaching SDG 2 by ensuring the availability of, access to, demand for and consumption of diets that comprehensively meet – but do not exceed – the nutrient requirements of nutritionally vulnerable groups.

There is a clear need to accelerate reductions in malnutrition, which remains the underlying cause of 45 percent of deaths among children under 5 annually. Good nutrition matters throughout the life cycle, but is especially important during the first 1,000 days from conception to 2 years of age. Evidence shows that undernutrition during this period can have lasting impacts on a child's growth, learning and future productivity, leading to significant losses in national productivity and economic growth that are equivalent to 8–11 percent of gross domestic product. Such chronic undernutrition can lead to stunting, increasing the risk of non-communicable diseases later in life.

Worldwide, approximately 2 billion people suffer from micronutrient deficiencies, 51 million children under 5 are wasted, 159 million are stunted and 43 million are overweight. This burden of malnutrition is reflected in sub-optimal physical development and health among populations, which undermines the social and economic development of countries.

Ten evidence-based, nutrition-specific interventions have been identified, which – if brought to scale – would decrease child deaths by 15 percent and stunting by 20 percent.¹ Continued focus on nutrition-specific interventions, particularly those that prevent malnutrition, is necessary, but nutrition-sensitive approaches are also essential in accelerating progress towards ending malnutrition in all its forms. With its strong operational and technical skills, WFP will build on its broad-ranging experience of nutrition in changing contexts, to support direct implementation and provide governments with technical assistance in improving analysis, targeting, modality selection, delivery and monitoring for nutrition interventions based on its complementary strengths.

In its enhanced engagement in nutrition, WFP will prioritize support to vulnerable groups to increase their access to and consumption of adequate and diverse diets, using gender-sensitive nutrition analysis as the base for gender-transformative nutrition programming in line with the WFP Gender Policy. Combining approaches for improving gender equality and women's empowerment (GEWE) with nutrition programming has the potential to produce mutually reinforcing results for both GEWE and

¹ Bhutta, Z. *et al.* 2013. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, 382(9890): 452–477.

nutrition. Availability of, access to and demand for nutritious food are fundamental in supporting good nutrition, eliminating poverty and achieving the SDGs for inclusive economic growth, health and education. They require moving beyond the focus on quantity – calories – and increasing attention to quality – nutrients.

A world free from malnutrition can only be attained through government-led, multi-partner and multi-sectoral efforts involving United Nations agencies, civil society, international organizations, foundations, academia and the private sector. WFP commits to working as a global advocate, and at the regional and country levels, to support programmes and enhance national capacities for overcoming constraints on availability of, access to, demand for and consumption of the safe, healthy and adequate diets needed to end malnutrition in all its forms by 2030.²

Coordinated partnerships are a cornerstone of WFP’s engagement in nutrition. Addressing the complex drivers of malnutrition requires collaboration among diverse sectors and stakeholders and intensified work to scale up nutrition-specific and -sensitive programmes at the country level. With partners, WFP has committed to incorporating nutrition components into programmes for which nutrition is not a primary objective, and to linking vulnerable groups to these components where possible.

The 2012 Nutrition Policy provided the foundation for WFP’s approach to nutrition by emphasizing how a combination of nutrition-specific and -sensitive interventions could be used to address undernutrition. The Nutrition Policy (2017–2021) significantly enhances WFP’s work by aligning it with the 2030 Agenda, building on WFP’s current approach based on the latest thinking and evidence, and diversifying the means of supporting countries in achieving their nutrition-related goals.

Box 1: Definitions of malnutrition

Throughout this policy document, “malnutrition” refers to acute malnutrition, chronic malnutrition, micronutrient deficiencies, overweight and obesity.

Acute malnutrition, also known as wasting, develops as a result of recent rapid weight loss or a failure to gain weight. In children, it is assessed through the weight-for-height (WFH) nutritional index or mid-upper arm circumference (MUAC). In adults, it is assessed through body mass index (BMI) or MUAC. Acute malnutrition is also assessed using the clinical signs of visible wasting and nutritional oedema. The degree of acute malnutrition in an individual is classified as either moderate or severe.

Chronic malnutrition, also referred to as stunting, develops over a long period as a result of inadequate nutrition, repeated infections or both. It is measured by the height-for-age (HFA) index and manifested by a child under the age of 5 being too short for his/her age. Unlike wasting, stunting develops through a slow cumulative process and may not be evident for some years. Chronic malnutrition cannot generally be reversed or treated, but it can be prevented.

Micronutrient deficiency disease (MND) is a clinical disease caused by a lack of intake, absorption or utilization of one or more essential vitamins or minerals.

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. The BMI is a simple measure of weight-for-height that is commonly used to classify overweight and obesity in adults. High BMI is a major risk factor for non-communicable diseases. Overweight and obesity may co-occur with micronutrient deficiencies.

² Healthy and adequate diets meet, but do not exceed, an individual’s nutrient needs. The exact composition of a diversified and healthy diet varies, depending on individual needs – based on age, gender, lifestyle, degree of physical activity, etc. – cultural context, locally available foods and dietary customs.

Introduction

1. The Sustainable Development Goals (SDGs) represent a comprehensive approach to sustainable development in all economic, social and environmental dimensions. The interconnected nature of the SDGs reflects the need for integrated, multi-sectoral approaches that leave no one behind and endeavour to reach the people furthest behind first. With adoption of the 2030 Agenda, the critical importance of nutrition as a contributor to and an outcome of poverty was brought to the centre of the global policy framework for sustainable development. The 2030 Agenda demonstrates the global community's resolve to complete the unfinished work of the Millennium Development Goals, with increased attention to the multi-dimensional, underlying determinants of nutrition, which include food, health, and social protection systems and safety nets, along with environmental sustainability.
2. Nutrition is both an input to and an output of several SDGs. The 2016 Global Nutrition Report noted that at least 12 of the 17 goals include indicators that are highly relevant to nutrition.³ The global target for nutrition has been enshrined in SDG 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture. Specifically, Target 2.2 aims to "By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed World Health Assembly targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons". Ending all forms of malnutrition will require integrated efforts to accelerate progress on reducing the multiple burdens of malnutrition among vulnerable groups.
3. The 2030 Agenda recognizes that there are enormous disparities in opportunity, wealth and power.⁴ "Leaving no one behind" in the fight against malnutrition will require reaching the most vulnerable women, men, girls and boys, with special attention to people living in extreme poverty; people with disabilities; elderly people; people affected by diseases such as HIV,⁵ tuberculosis and malaria; people facing social and economic discrimination; refugees; internally displaced persons; and people affected by humanitarian crises, extreme violence and climate-related and other disasters. As women often bear the primary responsibility for feeding their families, gender equality and women's empowerment have critical effects on all aspects of development and human well-being. Ending all forms of discrimination, violence and harmful practices against women and girls, ensuring women's full and effective participation at all levels of decision-making in political, public and economic life, and recognizing, valuing and redistributing unpaid care and domestic work are fundamental to implementing the 2030 Agenda and achieving food security and nutrition for all people.
4. Ensuring good nutrition before, during and after emergencies is crucial for reaching people who would otherwise be left behind. Ending malnutrition in all its forms requires a strong focus on the changing nature and increasing complexity of emergencies, and an explicit understanding of the links between emergencies and long-term nutrition outcomes. Conflict and climate change can amplify the need for nutrition interventions, with malnutrition rates that are already above critical levels in many contexts. At the same time, growing inequalities further shift the burden of malnutrition to poor and vulnerable people, who are inherently affected by the deprivation of structural poverty.
5. Although the challenge of malnutrition remains great, recent years have seen rapidly growing commitment and accelerating action to improve nutrition. These efforts have been galvanized by new evidence and an increasing understanding of nutrition's critical role in individual growth and development, and countries' sustainable development. In addition to the 2030 Agenda, international commitments to reducing malnutrition include the Rome Declaration on Nutrition and the Second International Conference on Nutrition (ICN2) Framework for Action, the

³ International Food Policy Research Institute (IFPRI). 2016. Global Nutrition Report.

⁴ United Nations General Assembly. Transforming our World: the 2030 Agenda for Sustainable Development (UNGA A/RES/70/1).

⁵ For more on WFP's response to HIV, refer to WFP HIV and AIDS Policy (WFP/EB.2/2010/4-A).

Nutrition for Growth compact and the United Nations General Assembly resolution on the Decade of Action on Nutrition.⁶ Platforms for global nutrition governance and support to country-level action are providing the basis for coordinated multi-stakeholder engagement in nutrition. They include the United Nations Standing Committee on Nutrition; the Committee on World Food Security; the Scaling Up Nutrition (SUN) movement, including the United Nations Network for SUN, the SUN Business Network, the SUN Civil Society Network and regional and national platforms; and the global nutrition cluster for facilitating multi-sectoral coordination in humanitarian crises and links to national platforms for emergency preparedness.

Evolving Challenges

6. Despite some progress towards World Health Assembly targets for 2025,⁷ the number of people directly affected by malnutrition is immense: approximately 2 billion people suffer from micronutrient deficiencies; 51 million children under 5 are wasted; 159 million are stunted; and 43 million are overweight.^{8,9} Malnutrition remains the underlying cause of 45 percent of deaths among children under 5.⁶ Evidence shows that undernutrition during the first 1,000 days from conception to 2 years of age can have lasting impacts on children's growth, learning and future productivity. This leads to generations of adults who must live with the consequences, and to significant losses in national productivity and economic growth. Undernutrition also increases the risk of the non-communicable diseases that affect people later in life and are traditionally associated with excess, such as diabetes, elevated blood pressure and heart disease.¹⁰
7. Globally, an interrelated set of factors, including urbanization, are having impacts on body composition in what has been referred to as the “nutrition transition”.¹¹ More than 44 low- and middle-income countries (LMICs) are experiencing the “double burden” – a combination of undernutrition¹² and overweight/obesity in the same population.³ Although overweight/obesity and undernutrition appear as disparate nutrition issues, they share a common cause – poor diet. The prevalence of overweight and obesity is rising rapidly in LMICs, with a small difference between the richest and poorest in most countries.¹³ Most overweight children under 5 live in LMICs, and the increase in overweight prevalence extends to adults, with maternal overweight reaching more than 80 percent in some high-burden countries.¹⁴ The risk of both overweight/obesity and undernutrition in the same populations – and the apparent links between early undernutrition and nutrition-related chronic diseases later in life – are impossible to ignore.⁸

⁶ United Nations Decade of Action on Nutrition (2016–2025) (United Nations General Assembly A/70/L.42).

⁷ Reduce by 40 percent the number of children under 5 who are stunted; achieve a 50 percent reduction in anaemia in women of reproductive age; achieve a 30 percent reduction in the number of infants born with low birthweight; ensure that there is no increase in the rate of overweight among children; increase to at least 50 percent the rate of exclusive breastfeeding in the first six months of life; and reduce and maintain childhood wasting at less than 5 percent.

⁸ Black et al. 2013. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet* 382(9890): 427–51.

⁹ United Nations Children's Fund (UNICEF)/World Health Organization (WHO)/World Bank joint child malnutrition estimates, 2015.

¹⁰ Hoddinott, J. et al. 2013. The economic rationale for investing in stunting reduction. *Maternal and Child Nutr.*, 9 (suppl. 2): 69–82; Freire, W.B. et al. 2014. The double burden of undernutrition and excess body weight in Ecuador. *Am. J. Clin. Nutr.*, 100(6): 1636S–1643S; Kroker-Lobos, M.F. et al. 2014. The double burden of undernutrition and excess body weight in Mexico. *Am. J. Clin. Nutr.*, 100(6): 1652S–1658S; Ramirez-Zea, M. et al. 2014. The double burden of malnutrition in indigenous and nonindigenous Guatemalan populations. *Am. J. Clin. Nutr.*, 100(6): 1644S–1651S.

¹¹ Popkin, B.M. 1993. Nutritional patterns and transitions. *Popul. Dev. Rev.* 19:138–57.

¹² “Undernutrition” refers to micronutrient deficiencies, chronic malnutrition (also known as stunting) and acute malnutrition. “Malnutrition” encompasses these forms of undernutrition plus overweight and obesity.

¹³ Black et al. 2013. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet* 382(9890): 427–51; Jones-Smith, J.C. et al. 2012. Is the burden of overweight shifting to the poor across the globe? Time trends among women in 39 low- and middle-income countries (1991–2008). *International Journal of Obesity*, 36(8):1114–1120; doi:10.1038/ijo.2011.179.

¹⁴ Rivera, et al. 2014. Introduction to the double burden of undernutrition and excess weight in Latin America. *Am. J. Clin. Nutr.*, 100(suppl): 1613S–1616S.

As overweight and obesity place additional burdens on countries' development, there must be more explicit consideration of these challenges in prevention programming.

8. Gender dynamics and inequality also require additional analysis in the design of nutrition strategies. Women and girls must enjoy equal access to quality education, economic resources and political participation as well as equal opportunities with men and boys for employment, leadership and decision-making at all levels. There is a strong link between gender equality and the nutrition status of women and their children, important factors are the education status, mobility, financial autonomy, age at marriage, age at first childbirth, patterns of decision-making in households and the care environment.¹⁵ Globally, women have caught up with men in secondary education, although drop-out rates remain a problem and there are regional disparities. Childhood marriage still affects one in four girls/adolescent girls/women,¹⁶ depriving them of opportunities for personal development and contributing to the intergenerational cycle of growth failure. HIV/AIDS infection in young women is another prominent factor linking gender inequality and gender-based violence to malnutrition.¹⁸
9. These complex and overlapping nutrition issues have direct impacts on the most vulnerable people, including those who lack access to healthy and diverse diets with adequate amounts of nutrients and the right amount of energy. The evolving challenges of conflict, climate change, social and economic inequalities, volatile food prices, dietary shifts and growing urbanization require nutrition partners to undertake comprehensive analyses of each context's specific nutrition situation and develop multi-faceted response strategies. As the "nutrition transition" accelerates, these strategies must continue to prioritize undernutrition while considering the various forms of malnutrition in the design of programmes and policies, and addressing the underlying structural causes of malnutrition.
10. Cost-effective strategies for improving nutrition are well known, but their implementation may be constrained by limited capacity of national systems, lack of coordinated efforts and insufficient funding. Overcoming these constraints is critical to ensuring sufficient coverage of nutrition-specific interventions such as the treatment of acute malnutrition, and food-based interventions to address the immediate causes of malnutrition. Evidence shows that if existing nutrition-specific interventions were brought to 90 percent scale, the impact would decrease deaths by 15 percent and stunting by 20 percent.¹⁷ Clearly, nutrition-specific interventions are an essential part of the solution, but nutrition-sensitive approaches are also indispensable to sustainably reducing global malnutrition.¹⁸ Both approaches are mutually reinforcing: nutrition-specific interventions aim to address the immediate causes of malnutrition such as inadequate dietary intake, while nutrition-sensitive approaches address the underlying causes of malnutrition to bring sustainable improvements to the broader nutrition situation.

Prioritizing Target Groups

11. The Sustainable Development Goals (SDGs) emphasize the importance of reaching the most vulnerable people. Research has clearly shown that the first 1,000 days from conception to 2 years of age are the most critical period for intervention. This window of opportunity is a period of rapid development during which chronic malnutrition must be prevented to avert life-long consequences. Compensating later in life for deprivations during this period is difficult, but specific nutrition needs exist throughout the life cycle. Children and adults beyond the first

¹⁵ van den Bold, M., Quisumbing, A. and Gillespie, S. 2013. *Women's Empowerment and Nutrition: An Evidence Review*. IFPRI Discussion Paper.

¹⁶ United Nations Statistics Division. 2015. *The World's Women*.

¹⁷ Bhutta, Z. et al. 2013. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*, 382(9890): 452–477.

¹⁸ Nutrition-specific programmes address the immediate causes of malnutrition, including dietary intake and health. Nutrition-sensitive programmes draw on complementary sectors such as agriculture, health, social protection, early child development, education, water and sanitation to affect the underlying causes of nutrition, including poverty, food insecurity and lack of access to adequate care, health, water and sanitation services. (Ruel and Alderman. 2013. Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *The Lancet*, 382(9891): 536–551)

1,000 days can also benefit from nutrition interventions – including for cognitive and physical functioning and boosting the immune system – and these benefits must be considered in nutrition analysis and in support to policy and programme development.

12. Of particular importance are women of reproductive age and adolescent girls. Good nutrition benefits adolescent girls and women and may support the social and economic roles they play, while good nutrition status is also crucial for the foetal and early development of any children they may have. Although adolescent boys and men are not a priority target group, reaching them is also important – both for meeting their nutrition needs and for supporting their participation in influencing socio-cultural barriers to good nutrition. Nutrition actors must work jointly to identify and improve existing delivery platforms and establish strong partnerships for exploring new platforms to ensure that all vulnerable groups – including preschool-age children, school-age children and adolescents, people with disabilities, elderly people, and people living with HIV – have access to safe, healthy and adequate diets.

A New Framework for WFP



13. The WFP Strategic Plan (2017–2021) includes “Improve nutrition” as one of its five Strategic Objectives, ensuring that nutrition will remain a priority area of WFP’s work. The Strategic Plan refocuses WFP’s core strengths to support governments in achieving zero hunger. To enable the organization to achieve Strategic Objective 2, the Nutrition Policy (2017–2021) will provide a clear framework for WFP’s work towards national SDG targets for ending all forms of malnutrition.
14. The Nutrition Policy (2017–2021) builds on previous WFP nutrition policies, lessons learned and evaluations, and on international dialogue, United Nations General Assembly resolutions, a growing body of research, and regional and global nutrition frameworks. In addition, the policy has involved, and will continue to involve, extensive consultations throughout all levels of WFP and with its partners.
15. As a United Nations agency reaching more than 70 million vulnerable and food-insecure people each year, WFP plays an important role in multi-stakeholder efforts to overcome malnutrition. In 2004, WFP’s Executive Board approved policies on mainstreaming nutrition, food fortification, and nutrition in emergencies.¹⁹ In 2012, the Board approved WFP’s Nutrition Policy,²⁰ which presented the organization’s vision and strategy for nutrition, primarily through nutrition-specific interventions to achieve the required nutrient intake among

¹⁹ “Food for Nutrition: Mainstreaming Nutrition in WFP” (WFP/EB.A/2004/5-A/1); “Micronutrient Fortification: WFP Experiences and Ways Forward” (WFP/EB.A/2004/5-A/2); “Nutrition in Emergencies: WFP Experiences and Challenges” (WFP/EB.A/2004/5-A/3).

²⁰ “WFP Nutrition Policy” (WFP/EB.1/2012/5-A).

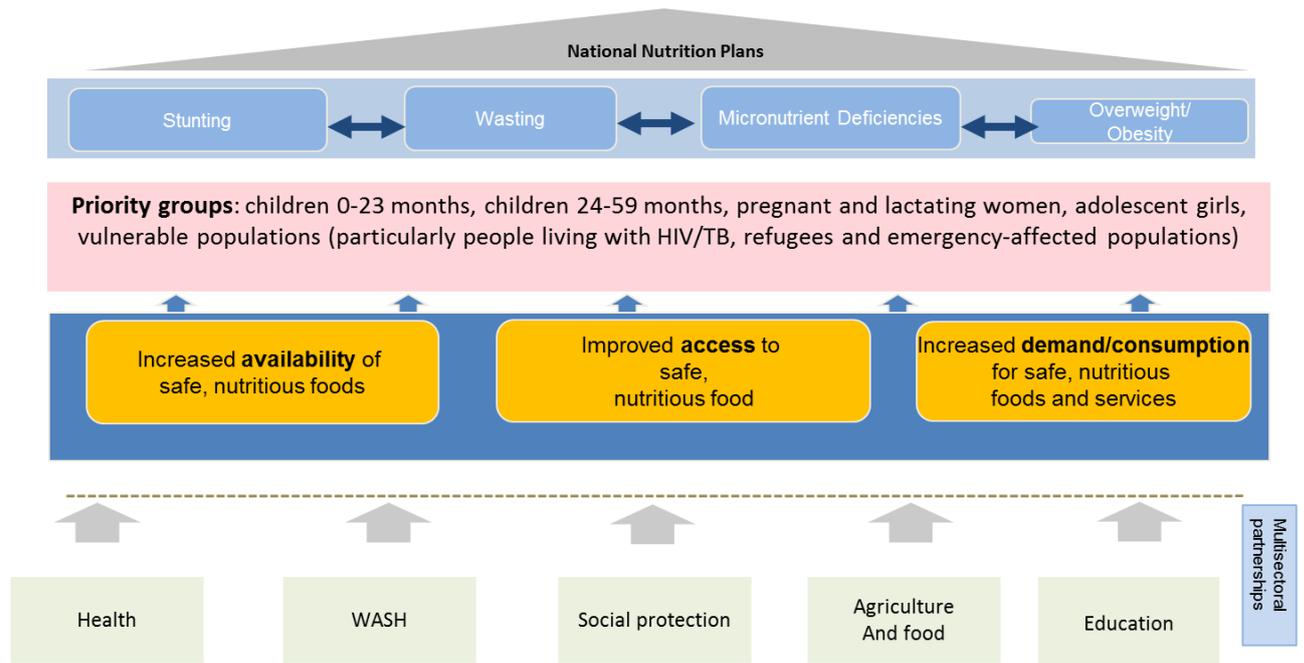
vulnerable groups. In 2015, an evaluation of the Nutrition Policy²¹ found that it was timely and provided a useful and robust analytical tool. The evaluation recommended that the policy continue to be implemented and be considered for revision in 2017 to: address the “double burden”; emphasize capacity strengthening of national governments; address gaps in evidence; and assess the use of different delivery modalities.

16. The Nutrition Policy (2017–2021) will be an extension of – and not a departure from – the good work begun with the 2012 Nutrition Policy. It includes a continued focus on treatment of acute malnutrition and prevention of malnutrition, and a greater emphasis on incorporating nutrition-sensitive approaches more broadly. WFP’s efforts in nutrition will remain focused on improving programme quality to deliver results at the country level, promoting national ownership and supporting the interrelated, systematic interventions necessary to end malnutrition.
17. This new Nutrition Policy will be operationalized within country strategic plans or interim country strategic plans in support of national nutrition targets and/or emergency nutrition needs, and will be guided by SDG Target 2.2. In close consultation with governments, WFP will establish nutrition-related strategic outcomes that are aligned with national priorities and goals. The strategic outcomes for each country will be linked to the achievement of national nutrition SDG targets and WFP’s Strategic Objective 2. In addition to supporting achievement of WFP Strategic Result (SR) 2, “No one suffers from malnutrition”, the policy is also linked to SRs 1, 3 and 4, ensuring that programmes for protecting access to food, supporting smallholders and improving the sustainability of food systems apply nutrition-sensitive approaches that identify opportunities for improving nutrition. The policy is also aligned with SRs 5 and 6 in supporting national capacities and policies for working towards the SDGs. Work towards SR 7 will help ensure the availability of financial resources for the necessary national-level investments in nutrition. The policy’s commitment to partnering for nutrition results will be operationalized under SR 8.
18. WFP will strive towards achieving SDGs 2 and 17 by supporting the development and delivery of national plans and policies to end malnutrition in all its forms. WFP’s focus will be on promoting adequate and healthy diets that meet nutrient needs, using a range of tools that ensure immediate access, for all people, to nutritious food while strengthening nutrition-sensitive food value chains, from agricultural production, processing and retailing to consumption. This requires clear and complementary partnerships with national governments and other actors best placed to strengthen agriculture and health systems and deliver water, sanitation and hygiene interventions. WFP’s actions will be coordinated through government-led, multi-sector platforms and other interdisciplinary structures to avoid duplication and to prioritize actions.
19. WFP’s coordinated approach will be guided by the framework for actions proposed by the Lancet Series 2013 for achieving optimum foetal and child nutrition and development. The framework highlights how multiple determinants of nutrition can enhance growth and development. Nutrition-specific interventions address the immediate causes of sub-optimum growth and development while nutrition-sensitive interventions address the underlying determinants of malnutrition and incorporate work towards specific nutrition goals and actions. Building an enabling environment to support interventions and programmes for enhancing nutrition is a crucial component of the framework and essential to the effectiveness of both nutrition-specific and -sensitive interventions in improving diets and – ultimately – growth, development and health.

²¹ “Summary Evaluation Report of the Nutrition Policy (2012–2014)” (WFP/EB.2/2015/6-A).

20. Recognizing that healthy diets are dependent on functioning and equitable food systems, WFP will work with governments, local authorities, communities and other interested partners on issues of availability and access at the system level, within communities and with individuals to ensure that targeted beneficiaries consume adequate and diverse diets. Acknowledging that food-insecure and nutritionally vulnerable groups often lack access to infrastructure, health services, adequate water and sanitation facilities – which are necessary for adequate nutrition – WFP will collaborate with partners to facilitate this access whenever possible, through referrals, conditionality, education and community asset creation.

WFP’s Focus Areas in Reducing Malnutrition



**Note: Where humanitarian needs overwhelm national systems or where plans are not in place, WFP will work with partners to prioritize emergency nutrition needs*

21. WFP’s nutrition response and activities will vary according to context and to the priorities and response capacity of the government concerned. WFP will continue to strengthen its humanitarian response to ensure the delivery of programmes that treat and prevent malnutrition. In humanitarian crises, it is essential not only to ensure that nutrient needs of refugees, displaced persons and affected local populations are met, but also to recognize that crises have impacts on nutrition in many ways, depending on the nature of the emergency and the nutrition situation prior to the shock. Having a clear understanding of the pre-crisis nutrition situation is crucial to designing and delivering a timely and effective response. Acknowledging the high prevalence of stunting and micronutrient deficiencies in many LMICs, and understanding their contributions to mortality and morbidity, WFP’s support in emergency response should focus on preventing malnutrition in all its forms as opposed to solely focusing on acute malnutrition.²²

²² Evidence shows that children who are both stunted and wasted, even moderately, are at the highest risk of mortality. Khara, T. and Dolan, C. 2014. *The Relationship between Wasting and Stunting: Policy, Programming and Research Implications*. Technical Briefing Paper. Emergency Nutrition Network and United States Agency for International Development.

22. In addition to increasing in frequency and complexity, many emergencies are now becoming protracted crises. For this reason, treating malnutrition alone is insufficient. Prolonged exposure to crisis erodes assets, livelihoods and health, resulting in multiple pathways to increasing malnutrition. Even when an emergency has a limited duration, there may be lasting consequences that lead to longer-term impacts on nutrition, particularly when support to affected households is sub-optimal and recovery is delayed. Greater investments in nutrition by governments in non-crisis periods are needed. National investments should focus on developing capacity for nutrition in emergencies, and on improving the nutrition situation before a crisis occurs so that communities, households and individuals are more resilient to shocks. This includes ensuring that nutrition is explicitly considered in national emergency preparedness actions.
23. WFP will continue to support the direct delivery of programmes for preventing undernutrition – including acute malnutrition, stunting and micronutrient deficiencies – according to the context. WFP will implement programmes to treat moderate acute malnutrition in children aged 6–59 months, pregnant and lactating women, and malnourished adults as appropriate. It will continue to prioritize pregnant and lactating women, children during the first 1,000 days after conception and adolescent girls, supporting a healthy food environment for all population groups. WFP will ensure that all food assistance builds on existing local solutions and is designed with an understanding of the many forms of malnutrition, as overweight and obesity increasingly affect WFP’s most vulnerable beneficiaries. With its partners, WFP will support governments in strengthening health and food systems, and improving vulnerable groups’ dietary diversity and micronutrient intake.²³
24. WFP’s activities and programmes provide opportunities to improve nutrition because they are able to have positive impacts on the immediate causes of malnutrition, which are related to improving dietary intake, and the underlying determinants of nutrition, which are related to food security, caregiving resources, gender relations, access to health services and a safe, hygienic environment.
25. WFP’s unique reach and presence give it significant potential for carrying out nutrition-sensitive programming.²⁴ WFP’s food assistance mandate and programmes are relevant to addressing the underlying and basic determinants of malnutrition and can contribute to improving nutrition outcomes. Increasing nutrition-sensitivity in all areas of WFP’s general food assistance programmes – including cash-based transfers (CBTs), school feeding, smallholder-farmer initiatives such as Purchase for Progress, asset creation and livelihoods, and social protection and safety nets – implies the use of a nutrition lens at each step of the project cycle, from assessment and situation analysis to design, implementation and monitoring and evaluation. The optimal transfer modality depends on the context. Co-locating or integrating programme activities with other interventions is an essential step in enhancing the nutrition-sensitivity of WFP’s programmes. Such programmes will focus on nutritionally vulnerable groups across the life cycle, from the first 1,000 days, through pre-school-age children, school-age children and adolescents to women of reproductive age, and will apply a gender lens.
26. To support national governments, WFP will identify platforms for maximizing the reach of nutrition interventions and reducing the costs of scale-up. For example, national social protection programmes, which are implemented on a large scale and target the most vulnerable people, represent an important opportunity for delivering nutrition-sensitive programming. Such platforms can help tackle the underlying causes of malnutrition by: i) reducing vulnerability; ii) protecting incomes, crops and assets; iii) ensuring that basic needs can be met; iv) securing

²³ In refugee contexts, WFP supports the nutrition needs of refugee populations in collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR), which has the mandate to protect and assist refugees worldwide.

²⁴ Nutrition-sensitive programmes have nutrition objectives and incorporate specific interventions and actions for nutrition from the outset of project design.

access to nutritious diets; v) improving the food environment in local markets; and vi) providing access to health services, safe drinking water and sanitation.

27. Specifically, social protection and safety net programmes aim to increase the coverage of nutrition-specific and -sensitive interventions by supporting the implementation of national and sub-national programmes that target nutritionally vulnerable groups – pregnant and breastfeeding women and their children during the first 1,000 days, and people living with HIV/AIDS, and other important age groups in the lifecycle, such as pre-school- and school-age children. WFP’s support to social protection and safety net programmes also aim to connect different – often sectoral – country-level systems into multisectoral frameworks, such as for health and food systems, to achieve nutrition outcomes and impacts for vulnerable groups.
28. Based on national targets, under government leadership and working with the Food and Agriculture Organization of the United Nations (FAO) and its other partners, WFP will – when requested – support the establishment of national policies that provide the enabling environment for tackling the basic causes of malnutrition and facilitating the integration and delivery at scale of recommended nutrition-specific and -sensitive interventions. Where plans are absent or humanitarian needs overwhelming, WFP will work with partners, particularly via the global nutrition cluster, to support adequate access to nutritious food and essential services. The aim will be to accelerate scale-up of cost-effective interventions promoting vulnerable groups’ access to and consumption of safe, adequate and nutritious diets. Because inadequate dietary intake is an immediate cause of malnutrition, ensuring the consumption of age-appropriate, locally acceptable, nutrient-dense foods is essential. Building on its core capacities, WFP will focus its efforts on implementing equitable and inclusive national policies through multiple modalities that address barriers to achieving adequate dietary intake, and activities that increase the availability of, access to or demand for nutritious foods. These efforts will be coordinated with and complementary to those of other nutrition stakeholders.
29. WFP’s hallmark attributes of flexibility, strong field presence and ability to work with many sectors, stakeholders and delivery mechanisms allow it to provide customized interventions in collaboration with its partners. In diverse contexts, WFP has the capacity to work along the broad continuum from direct implementation to advancing local production of age-appropriate complementary foods to supporting governments and other national and community actors in actions to prevent and treat malnutrition.
30. Context analysis will guide WFP’s interventions along food value chains using a range of activities to support supply- and demand-side interventions, and will identify the need for linkages and partnerships, including in the health sector and social protection systems.
31. Simultaneously considering issues of availability, access, demand and consumption to achieve the goal of healthy diets that meet the nutrient needs of children, women and other vulnerable groups throughout the life cycle requires collaboration with partners in many aspects of the food system.
 - *Availability of quality food for nutritious diets:* To ensure nutritious diets, appropriate foods that include adequate micro- and macronutrients must be available. Achieving this adequacy is very challenging in food-insecure settings. Food production, processing, exchange, distribution and retail all influence whether a given food is available in a given location for a specific population. With its expertise in supply-chain management – including linkages to smallholder farmers, fortification of both staple and specialized nutritious foods, food quality and safety, and market analysis – WFP can promote and support the availability of the safe, affordable and nutritious foods needed for healthy, adequate diets. There is scope for all of WFP’s activities to be nutrition-oriented: entry points can be identified in existing initiatives to improve nutrition-sensitive programme design and enhance nutrition outcomes. Through these efforts, WFP can increase the availability of nutritious local foods, fortified foods and supplements as needed, and improve food quality, nutrient content and safety. For example, WFP can work with local businesses to ensure that appropriate complementary foods are available, and support capacity development in fortification, where necessary, via existing

partnerships with the private sector. This work may include supporting the local production of specialized nutritious foods where viable and appropriate. These efforts to increase the availability of quality foods complement the work of partners such as FAO and the International Fund for Agricultural Development (IFAD) by overcoming issues of availability at different points of the food value chain.

- *Access:* While nutritious food may be available for some population groups, very poor, crisis-affected, displaced, chronically ill, rural and other populations affected by inequality, including women and girls in households, may lack access to a diverse range of foods in the quantities necessary for an adequate diet. WFP will support governments and promote and enhance the participation of local communities in enabling access for all through a broad range of context-specific programmes and tools. There are many possible strategies for increasing access to diets that meet nutrient needs, depending on the context. For example, appropriately regulated public–private partnerships can improve the affordability of highly nutritious foods, and vouchers for fortified or naturally nutrient-dense foods can be delivered via social protection platforms. Infrastructure improvements can enhance physical access to markets with nutritious foods, while CBTs can stimulate demand among very poor populations. Different delivery channels may be appropriate in diverse contexts, including health systems, social protection mechanisms and markets. Through gender- and age-sensitive analysis of the existing channels in each country, WFP will select the best mechanism to treat moderate acute malnutrition, prevent acute and chronic malnutrition, obesity and overweight, and address micronutrient deficiencies.
- *Demand and consumption:* Provided that nutritious foods are available and accessible (supply), sufficient demand is also a precondition for healthy and diverse diets. The demand for and consumption of food follow preferences, cultural habits, tastes, knowledge, perceptions and convenience, and are influenced by household decision-making and gender dynamics. Building demand for diverse nutritious diets and complementary services is critical, and may include gender-transformative social and behaviour change communication (SBCC), responsible advertising or other methods. Working with partners, WFP supports consistent SBCC that highlights the importance of optimal feeding practices, emphasizing culturally acceptable and preferable foods through various context-specific platforms. This support may include: i) providing targeted SBCC and counselling for both men and women to improve dietary diversity and cooking, feeding and care practices; ii) encouraging appropriate conditionality, such as attendance at health centres, in nutrition-sensitive programmes;²⁵ and iii) fostering partnerships to create demand through social marketing messages on nutrition.
- WFP will support nutrition-specific and -sensitive programmes that are designed to prevent malnutrition in each context by supporting the adequate intake of nutritious foods for healthy diets. However, WFP also has a role in building demand for services in cases of moderate acute malnutrition. When individuals become malnourished, appropriate and timely treatment is essential. WFP works with governments and partners, including UNICEF, UNHCR and its own cooperating partners, to treat moderate acute malnutrition where needed and maintain the continuum of care. The organization has extensive experience in procuring, delivering and distributing specialized foods, which are an essential component of acute malnutrition treatment programmes.
- Ensuring consumption of healthy and adequate diets, and demand for related services, is particularly critical for people living with illness – including HIV and tuberculosis – and during pregnancy. Pregnant and lactating women and girls have greater nutrient needs and must consume the right kinds of foods to prevent malnutrition. Women must also be protected and supported in initiating breastfeeding within the first hour of an infant’s life;

²⁵ Appropriate conditionalities do not include those that add to women’s burden of unpaid work. Conditions such as requiring attendance at nutrition education sessions should be applied in ways that do not overburden specific groups.

exclusively breastfeeding²⁶ for the first six months; providing infants of 6 months and older with appropriate complementary foods;²⁷ and continuing breastfeeding up to and beyond 2 years of age. Adequate diets for children aged 6–23 months must include breastmilk and age-appropriate complementary foods that are high in the nutrients that children need. As an important actor in multi-sector programmes to prevent malnutrition during the first 1,000 days, all of WFP’s work must support the promotion of optimal feeding practices, including breastfeeding and complementary feeding, in close collaboration with governments and taking into account the roles of other stakeholders.²⁸

Approaches to Addressing Malnutrition

32. Identifying context-specific opportunities to improve nutrition in a coordinated manner without duplication is fundamental to WFP’s approach to addressing malnutrition. Based on clear analysis, WFP will use a range of modalities and tools to support national nutrition priorities, collaborating with nutrition partners, maximizing synergies and building on convergences, while avoiding unnecessary overlaps and duplication to enhance efficiency and impact. This entails using existing context-specific collaboration models to design responses that meet the nutrition needs of the target population by utilizing an array of means based on WFP’s core expertise, ranging from technical assistance for local production of specialized foods to design of nutrition-sensitive social protection systems, or direct delivery of moderate acute malnutrition (MAM) treatment programmes in an emergency. WFP will prioritize the following approaches in appropriate combinations to create a package of services tailored to the context.
33. *Government partnership.* Fighting malnutrition requires high-level political commitment. The multi-sector nature of the required response entails the need for partnerships with a multitude of ministries and national, sub-national and local leaders. National governments play a central role in coordinated responses before, during and after emergencies. As the world commits to frameworks such as the ICN2 Framework for Action, in which nutrition is considered holistically, WFP will support government priorities to ensure that the most vulnerable people have access to safe, adequate and nutritious foods for healthy diets by addressing the immediate, underlying and basic causes of malnutrition through direct interventions, technical assistance and support to policy development. Building the capacity of WFP nutrition teams to liaise effectively with governments will also be essential to the success of these partnerships.
34. *Programme partnerships.* WFP’s work complements the efforts of other actors focusing on agriculture, health, water, sanitation and hygiene interventions. WFP is an active member of several multi-stakeholder coordination platforms, which are critical for implementing collaborative work at the country level. WFP will ensure strong and effective partnerships with actors including host governments, United Nations agencies, civil society, international organizations, academia and the private sector.
35. Partnerships are essential to achieving cross-sector synergies and realizing the complex and interlinked goals that contribute to ending malnutrition. As malnutrition has many causes, multi-sector solutions are needed. While supporting adequate diets is essential, it is only one of many important objectives for tackling malnutrition. Complementary interventions such as the treatment of severe acute malnutrition, and efforts to improve access to quality healthcare, healthy environments and optimal care practices should aim to achieve nutrition-specific objectives. Interventions that improve educational outcomes, reduce poverty and gender inequality, and increase food security may also have significant potential to contribute to nutrition goals, depending on the context.

²⁶ During exclusive breastfeeding an infant receives only breastmilk with no additional food or drink, including water.

²⁷ During continued breastfeeding, an infant or young child receives breastmilk while also receiving complementary foods, including drinks, at the right times and in the right quantities.

²⁸ Executive Director’s Circular on “The Promotion of Breastfeeding in WFP Programmes” (OED2016/005), which reinforces WFP’s support to ensuring application of the International Code of Marketing of Breast-milk Substitutes.

36. WFP will support nutrition governance and utilize multi-stakeholder coordination platforms to work in partnership with FAO, IFAD, the Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), UNHCR, UNICEF, UN-Women, WHO, the World Bank, non-governmental organizations (NGOs) and academia – seeking to strengthen national systems for improved nutrition whenever possible. Malnutrition has many causes, which no single stakeholder can address alone. Each stakeholder has a complementary role to play in supporting governments’ efforts to design and implement context-specific, inclusive and equitable nutrition interventions. Building on its leading roles in the United Nations Network for Scaling Up Nutrition (SUN), the SUN Business Network and other multi-stakeholder initiatives, WFP will focus on ensuring that foods meeting the nutrient needs of vulnerable groups are available, accessible and consumed. Activities will focus on improving access to nutritious foods in order to complement the work of other actors in agricultural production and the non-food determinants of malnutrition. WFP will also partner private-sector entities to promote businesses’ responsible engagement in efforts to reduce malnutrition sustainably.²⁹ Supporting improved dialogue with civil society will also be of critical importance.
37. *Building on WFP’s core capacities.* While maintaining its expertise in emergencies, local production of specialized nutritious foods, and delivering goods and services in partnership with other actors, WFP must translate its experience in supply chain management, analysis, targeting, programme design, cross-sector partnerships, implementation, monitoring and evaluation into activities that support national systems for sustainably reducing malnutrition for all people, including through capacity development. Within WFP, the Nutrition Division will work with core stakeholders such as the Supply Chain Division and Country Directors to identify ways of improving the nutrition quality of the food basket delivered and opportunities for supporting institutional procurement, while moving beyond a focus on calories to ensure that food assistance satisfies all nutrient needs.
38. The use of innovative approaches that build on WFP’s expertise and leverage context-specific opportunities will also be prioritized. Based on best practices from early experience with its Innovation Accelerator, WFP will identify tools for scale-up to support innovative high-impact approaches to improving diets via enhanced access to nutritious foods, expanding economic access to adequate diets, and promoting more engagement in nutrition education.
39. *Analysis.* Appropriate responses – from policies to programmes – must be built from accurate analyses and a thorough understanding of the nutrition context. To improve decision-making related to nutrition, WFP will build on existing data, while identifying gaps and attempting to fill them with new data, to support governments and other partners in scaling up holistic analysis of the nutrient gap – the difference between what is required and what is consumed.³⁰
40. Multi-stakeholder, gender and age analysis must first define the target groups and identify the primary nutrition issues and drivers of malnutrition affecting these groups. Transparent situation analysis promotes national ownership and is aligned with the strategic review process, which WFP will initiate with governments in each country as needed. This analysis must support a clear understanding of how nutrition is affected by inequalities, lack of women’s empowerment and other drivers of malnutrition that cut across sectors. It should also support consensus on the most cost-effective food-based interventions to meet beneficiaries’ nutrient needs in different contexts, including humanitarian, using local foods, fortified staples and fortified specialized foods, as appropriate. Finally, robust analysis should guide national strategies that define the roles of WFP and its partners in delivering activities related to nutrition. The process should complement

²⁹ Responsible engagement with the private sector is essential in supporting sustainable reductions in malnutrition while avoiding potential adverse impacts. For example, WFP fully supports the International Code of Marketing of Breast-milk Substitutes; and in considering all forms of malnutrition, WFP will work with private-sector entities to encourage healthy diets that do not exacerbate the risk of obesity among vulnerable populations.

³⁰ It is important to remember that requirements are estimates based on the average needs of healthy individuals. People who are ill or already malnourished may have higher requirements.

multi-stakeholder platforms that provide forums for coordinating partners and identifying linkages to relevant sectors.

41. *Programme support to countries.* Comprehensive nutrition responses require a package of interventions that are in line with national priorities and programmes. Such interventions are identified in close consultation with governments through analysis and should evolve over time. The most appropriate and cost-effective means of implementing these packages depends on the context and the platforms available. WFP is accustomed to supporting programme delivery in the field. Remaining flexible, it will work with governments to identify the most appropriate response, supporting and strengthening the participation of local communities and collaborating with partners in humanitarian settings to ensure that the programmes needed are available. As some countries have inadequate systems, capacities and resources to end malnutrition on their own, WFP will maintain its significant expertise in field operations and its ability to deliver critical programmes in partnership. Low-income, emergency- and conflict-affected countries will continue to require different forms of direct support and service delivery, including for emergency response and preparedness. Middle-income countries, which have more resources and capacity, still experience high rates of undernutrition, often combined with growing prevalence of overweight, and are home to the majority of the world's poor people. Support in these countries may focus on improving the efficiency of service delivery and facilitating access to safe, nutritious and sufficient foods for healthy diets.
42. *Monitoring and evaluation.* Monitoring is essential for informing programme refinements and delivering better nutrition assistance, and will be facilitated by the integration of nutrition indicators into WFP's Corporate Results Framework. On request, WFP will increase its support to governments in planning, delivering, tracking and managing national nutrition programmes, including nutrition-sensitive activities, in a gender-responsive manner that includes the collection, analysis and use of sex- and age-disaggregated, quantitative and qualitative data. WFP's knowledge and experience with information technology (IT) and mobile monitoring technologies will be shared with governments and partners to provide cost-effective ways of collecting, disaggregating and analysing nutrition data for informed decision-making. In addition, WFP will support a decentralized evaluation process, ensuring the appropriate capacity to evaluate nutrition programmes and approaches.
43. *Operational research.* As an important implementer of food assistance and nutrition programmes, and a valued partner in national, regional and global nutrition efforts, WFP both uses and contributes evidence on nutrition. Evidence-based, cost-effective interventions for nutrition are essential to achieving a sustainable impact on nutrition outcomes. Ensuring well-tailored, context-specific programmatic and policy decisions requires continuing operational research and development. The Lancet Series on Maternal and Child Nutrition (2008 and 2013) and the Global Nutrition Report (2014 and 2015) recognized the importance of scaling up evidence-based nutrition interventions – both nutrition-specific and nutrition-sensitive – and identified data and evidence gaps that need to be filled. While several evidence-based interventions that are effective in addressing malnutrition have been identified, more efforts are needed to tailor strategies for improving the nutrient intake of vulnerable groups to specific country contexts, particularly for activities that support nutrition in the first 1,000 days after conception.
44. Reflecting its important roles, WFP has developed an operational research strategy for nutrition. WFP's direct access to beneficiaries, wide range of programming modalities and technical expertise enable it to generate evidence that supports direct delivery, improves assistance to governments and informs the international community.
45. In generating evidence, WFP emphasizes adequate nutrient intake as a prerequisite to good nutrition and health. This emphasis allows WFP to focus on optimizing nutrition interventions in both prevention and treatment programmes by: i) improving dietary diversity; ii) understanding the composition of locally available and specialized nutritious foods; iii) improving the availability of and access to healthy diets; and iv) advancing food fortification as appropriate. WFP's focus on generating evidence of effective nutrition actions includes those that address both the direct and underlying causes of malnutrition.

46. *Policy support.* Sustainable nutrition solutions require adequate policies and systems. On request, WFP will support national governments in designing or updating policies based on a thorough understanding of the national nutrition situation; and setting national targets for reducing malnutrition in different population groups, ensuring attention to gender, age and other factors such as disability. WFP will work with governments as needed to: i) facilitate national legislative processes and policy frameworks for reducing malnutrition, including in preparedness planning; ii) support mechanisms for monitoring and evaluating national nutrition issues; and iii) translate policies into national programmes.
47. *National capacity development.* Ending malnutrition requires national plans and targets with strong systems and capacity to reach these goals. When supporting countries in reaching their SDG commitments, WFP will provide technical assistance in the development and enhancement of national systems and capacity. The organization will also support national actions for assessing capacity and strengthening national nutrition institutions and NGOs. For example, through the Brazil Centre of Excellence, WFP has provided a platform for South–South cooperation to strengthen government capacity related to nutrition, with the potential to include underlying issues such as gender inequality. This kind of collaboration provides access to resources, expertise, knowledge and multi-sector networks that are essential for delivering a package of nationally owned interventions to treat and prevent malnutrition.
48. *Advocacy.* WFP must be an effective advocate for the evidence-based solutions needed to end malnutrition. Using tools such as the Cost of Hunger and the Cost of Malnutrition, WFP can raise awareness of nutrition challenges and solutions, and advocate for greater domestic investments in nutrition. This work includes advocating for national policies that are linked to national programmes. As outlined in the Strategic Plan (2017–2021), WFP will advocate with countries regarding the importance of ending malnutrition. Advocating for and enabling cross-sector action is critical to maximizing the impact of nutrition interventions, regardless of modality. WFP will advocate for continuous innovation and learning to address the multiple challenges related to ending malnutrition, including through South–South and triangular cooperation. It will also support global nutrition governance via multiple advocacy channels, championing the global nutrition agenda and the need for government-led, multi-sector coordination platforms.
49. *Diverse modalities and platforms.* In the past decade, the use of CBTs in food assistance has expanded significantly. A wider range of modalities allows WFP to respond more flexibly to context-specific challenges. While existing evidence of the impact of unconditional CBTs on nutrition outcomes is limited, there is potential for using cash to support better-diversified diets. WFP will work with partners to explore emerging evidence of CBTs’ effectiveness when combined with nutrition-specific programmes or behaviour change communications.³¹ Through its operational research, WFP will seek opportunities to contribute to the global evidence base on the links between CBTs and nutrition, where appropriate, using participatory gender and protection-risk analysis. WFP will also work to ensure that interventions employing CBTs consider the unique nutrition requirements of infants and young children. As CBTs become increasingly important in both emergency and non-emergency settings, WFP will ensure that lessons learned from programmes using CBT are shared throughout the organization and that all programmes are designed to be nutrition-sensitive, regardless of modality.

³¹ Langendorf, C. *et al.* 2014. Preventing acute malnutrition among young children in crises: A prospective intervention study in Niger. *PLoS Med*, 11(9): e1001714. doi:10.1371/journal.pmed.1001714.

Organizational Change

50. As a multi-sectoral challenge, malnutrition requires coordinated multi-sectoral solutions. WFP staff must be equipped with the analytical skills to develop a package of interventions with partners, and to utilize multi-stakeholder coordination platforms as needed. This will require the updating and dissemination of guidance on gender-sensitive nutrition analysis and programme design for all forms of malnutrition, incorporating nutrition-sensitive activities in all WFP programme areas, and strategies for reaching particular vulnerable groups.
51. Successful implementation of this Nutrition Policy requires that all WFP staff recognize the central importance of nutrition in reaching SDG Target 2.2, WFP Strategic Objectives and zero hunger. This will require raising awareness of WFP's vision of nutrition. As a first step, all staff – including Country Directors, nutrition focal points and staff operating in the field – must understand their roles in supporting improved nutrition. A comprehensive communication strategy for the Nutrition Policy will outline how best to articulate the policy's objectives to WFP staff, the people WFP serves, host governments and other partners.
52. As a second step, WFP will continue to identify and address organizational learning needs to ensure that staff develop the necessary capacities to apply the policy and work towards the SDGs. In particular, staff must be equipped with the skills needed to improve the design and delivery of nutrition-specific and -sensitive strategies where needed and to monitor these programmes. Staff also require additional skills to support government capacity development in the design and delivery of nutrition interventions in all contexts. A catalogue of learning opportunities is available, and a new nutrition learning strategy based on a comprehensive assessment of learning needs has been created. Guided by the Nutrition Learning Advisory Group, this strategy is aligned with the nutrition knowledge management framework and is being rolled out to all WFP staff, government counterparts and other partners. The strategy addresses the needs of staff through close collaboration with the Human Resources Division, and leverages South–South and triangular cooperation to develop the capacities of WFP's workforce, governments and partners. Where needed, the Nutrition Division will work with the Human Resources Division to identify gaps and acquire new nutrition staff at all levels of WFP.

Conclusion

53. Ending malnutrition by 2030 requires meeting – without exceeding – the nutrient needs of more than 2 billion people. This entails a context-specific focus on overcoming barriers to access to and availability and consumption of nutritious foods for healthy diets for all women, men, girls and boys. Recognizing that the world faces concurrent emergencies, humanitarian nutrition response will remain a central feature of WFP's work. However, as climate, socio-political and economic dynamics continue to place stress on food and health systems, new ways of working to deliver on this core expertise are required.
54. Humanitarian responses and long-term development actions should be mutually reinforcing and responsive to immediate nutrition needs while addressing the underlying causes of malnutrition. The reliance on short-term, emergency approaches to meet long-term needs only exacerbates chronic problems. A preventive approach to addressing malnutrition requires deeper analysis and a focus beyond symptoms to understand driving factors. WFP commits to maintaining its core expertise in the treatment and prevention of malnutrition to ensure that vulnerable groups consume nutritious foods for healthy diets. In collaboration with its partners, WFP will support governments, where appropriate and on request, in sustainably addressing national nutrition challenges to end malnutrition by 2030.

Acronyms Used in the Document

BMI	body mass index
CBT	cash-based transfer
FAO	Food and Agriculture Organization of the United Nations
GEWE	gender equality and women's empowerment
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
LMICs	low- and middle-income countries
MUAC	mid-upper arm circumference
NGO	non-governmental organization
SBCC	social and behaviour change communication
SDG	Sustainable Development Goal
SR	Strategic Result
SUN	Scaling Up Nutrition movement
TB	tuberculosis
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization