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**COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN
PARLIAMENT AND THE COUNCIL**

**Enhancing Maternal and Child Nutrition in External Assistance: an EU Policy
Framework**

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UNDERNUTRITION – A PREVENTABLE TRAGEDY

The effects of poor nutrition represent one of the most serious and preventable tragedies of our time. Progress in meeting Millennium Development Goal (MDG) on halving the proportion of people who suffer from hunger is lagging behind in many countries, with one in six children still underweight. These children are victims of a vicious cycle, where poverty, inadequate diet and disease combine to give them the worst possible start in life, trapping individuals and societies in poverty.

The EU is a major actor in terms of food and nutrition security – financial decisions towards rural development, territorial planning, sustainable agriculture and food and nutrition security amount to an average of over EUR 1 billion annually for the period 2006-2011. Particular initiatives, all of which have contributed to enhanced food and nutrition security, have included the EUR 1 billion Food Facility, which assisted those countries worst affected by the 2007/2008 food price crisis and the EUR 1 billion MDG Initiative, which supports those countries which are lagging behind in meeting these goals including in particular MDG 1c on halving the proportion of people who suffer from hunger, as well as MDG 3 and 4. In addition, the EU addresses acute food and nutrition insecurity through humanitarian and development assistance. Every year, between one third and half of the EU's annual humanitarian budget is spent to cover food and nutrition needs.

Recently, in the framework of the 2012 London Global Hunger Event, the Commission has taken a political commitment to support partner countries in reducing the number of children under five who are stunted by at least 7 million by 2025. This Communication is the Commission's response to achieving this target and more broadly, to reducing overall maternal and child undernutrition.

Addressing this problem requires a multi-sector approach, combining sustainable agriculture, rural development, food and nutrition security, public health, water and sanitation, social protection and education. It requires recognition by partner countries of the problem and a commitment to tackle it, so that women and infants can receive the care and nutrients needed for a decent start in life. The international community is determined to do all it can to support partner countries in their efforts to enhance maternal and child nutrition.

The EU policy framework for development is set out in the Commission's proposal for an **Agenda for Change**¹ and the ensuing Council Conclusions of May 2012². The EU's approach towards food security and humanitarian food assistance in third countries has been further refined in the **Communications on the EU's Food Security and Humanitarian Food Assistance Policies**³ and subsequent Council Conclusions of May 2010⁴. These documents place equal emphasis on each of the four pillars of food security – availability of food, access to food, improved nutrition, and better crisis prevention and management and stress the

¹ COM(2011)637

² Doc. 9369/12

³ COM(2010)127 and COM(2010)126

⁴ Doc. 9597/10

particular challenges of achieving nutrition outcomes in humanitarian contexts. This Communication completes and develops the improved nutrition pillar.

This policy framework was complemented by the **Communication on the EU Approach to Resilience: Learning from Food Security Crises**⁵, which underlines how nutrition and resilience are highly interlinked in some contexts (particularly in the Sahel and Horn of Africa regions where resilience is the guiding principle of the AGIR⁶ and SHARE⁷ multi-partner initiatives to address food and nutrition crises).

Finally, the **EU Plan of Action for Gender equality and Women's Empowerment in Development 2012-2015**⁸ highlighted the strong links between MDG 1, 3 and 4 and the role of women and gender equality.

This policy document on nutrition highlights the need for a better coordination between humanitarian and development aid in order to increase the resilience of affected populations. It has been requested by Council and the Court of Auditors and it sets out the primary responsibility of national governments for nutrition, as well as the important role of women and men in developing countries, as drivers of change.

1. RATIONALE

Scale of the problem

The World Health Organization considers that poor nutrition is the single most important threat to the world's health. In many developing countries it is an underlying cause of at least one third of all child deaths and 20% of maternal mortality every year⁹. Millions of children survive, but grow up stunted (with a low height for their age and impaired mental development) and/or having experienced several episodes of wasting (weight loss) before they reach the age of five years. Globally, around 165 million, or a quarter of the world's children, suffer from stunting¹⁰ and 2.6 million children under the age of five die every year as a result of undernutrition¹¹. Over 90% of these children live in Africa and Asia. In addition, around 52 million (8%) of the world's under-five children are wasted, with the greatest numbers are also found in Asia and in Africa¹².

Special attention will be paid to populations suffering from undernutrition where institutional capacity is weak and frequent disasters or conflict have a devastating effect on the most vulnerable groups as it is the case in fragile countries.

Undernutrition traps individuals and society in the vicious circle of poverty. Children growing up in poor households are more likely to suffer from undernutrition, which undermines their ability to learn and makes them more prone to disease and illness. This hinders a child's capacity to secure a job as an adult and to lead a productive life, thus perpetuating generational poverty. Undernutrition is especially severe among poor rural populations and those suffering from discrimination. The proportion of stunted children is 1.5 times higher in

⁵ COM(2012)586

⁶ Alliance Globale pour l'Initiative Résilience

⁷ Supporting the Horn of Africa's Resilience

⁸ SEC(2010)265

⁹ Black R. E. et al., Maternal and child undernutrition: global and regional exposures and health consequences, The Lancet, 2008

¹⁰ UNICEF, WHO, The World Bank, *Levels & Trends in Child Malnutrition*, 2012 (data from 2011)

¹¹ UNICEF, *Levels and trends in child mortality*, 2011

¹² UNICEF, WHO, The World Bank, *Levels & Trends in Child Malnutrition*, 2012 (data from 2011)

rural areas than in urban ones¹³. Recognising this, the EU is committed to supporting smallholder agriculture and rural livelihoods.

Many women in the developing countries are also short in stature (stunted) and/or underweight. Ten to 20% of the women in sub-Saharan Africa and 25-35% of the women in South Asia are classified as excessively thin. Iron deficiency anaemia is the most widespread nutritional problem for this group affecting almost half of all women¹⁴. **The period from pregnancy to the second birthday of a child - the first 1 000 days - is considered to be the most critical in preventing undernutrition and its consequences throughout adulthood.** As much as half of all child stunting occurs in utero which underscores the critical importance of better nutrition for women and girls of reproductive age. The risk of having a small baby is high for mothers who are underweight, stunted and/or anaemic.

Global progress on addressing stunting and wasting has been slow. The proportion of children who are stunted fell from 40% in 1990 to 26% in 2011¹⁵. Progress in addressing wasting has been even slower and shows that far more needs to be done. As well as stunting and wasting, deficiencies of micronutrients, essential for growth and development of individuals (e.g. vitamin A, iodine, iron and zinc) affect almost two billion people worldwide¹⁶.

Causes

The causes of undernutrition vary from one context to another, and from one individual to another and are summarized in the conceptual framework. They tend to operate at three levels (see diagram below):

- Immediate causes have two dimensions: inadequate food intake (in terms of quality or quantity) and disease.
- Underlying causes are closely linked to poverty and comprise three categories: household food insecurity, inadequate care for children/women and poor health environment/health services.
- Basic causes operate at subnational, national and international levels: from poor governance to demographic growth; from conflict to climate change; from scarce natural resources to high and volatile food prices.

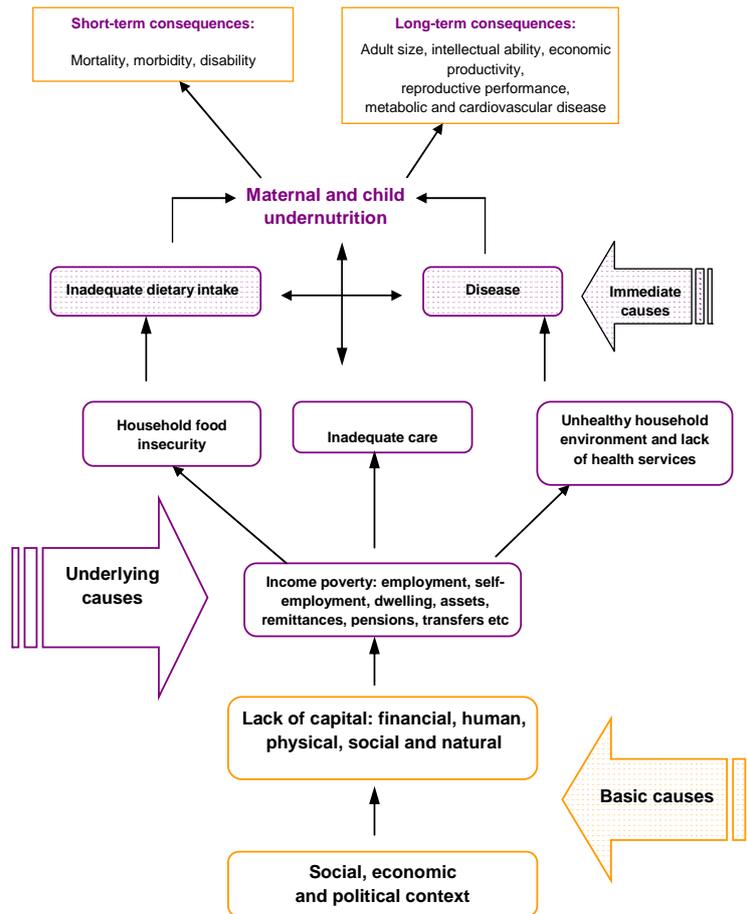
¹³ Ibid

¹⁴ De Benoist B. et al., *Worldwide Prevalence of Anemia 1993-2005: WHO Global Database on Anaemia*, WHO and Centers for Disease Control and Prevention, 2008

¹⁵ Ibid

¹⁶ WHO, WFP, UNICEF, *Preventing and controlling micronutrient deficiencies in populations affected by an emergency - Multiple vitamin and mineral supplements for pregnant and lactating women, and for children aged 6 to 59 months*, 2007

Nutrition Conceptual Framework



Source: Based on UNICEF (1990) and adapted from The Lancet Series, 2008

The relative importance of potential causes depends on the specific dynamics of each situation and population group. For this reason, a thorough analysis is a critical pre-requisite to any response effort. The various determinants of undernutrition are interlinked and require a multi-sectoral response.

Consequences

At the individual level, undernutrition is the underlying cause of considerable child and maternal mortality. It contributes to 35% of illness suffered by children under five¹⁷, and long-term undernutrition (stunting and/or frequent episodes of wasting and micronutrient deficiencies) causes devastating and irreversible damage. Iodine deficiency and stunting are associated with significant reductions in cognitive development¹⁸.

¹⁷ Black R. E. et al., *Maternal and child undernutrition: global and regional exposures and health consequences*, The Lancet, 2008

¹⁸ S Grantham-McGregor et al., *Development potential in the first 5 years for children in developing countries*, The Lancet, 2007

Stunting is not only a personal and preventable tragedy; it also conspires against economic progress – both for individual families as well as nations. The economic costs of undernutrition have been estimated at 10% of individuals’ lifetime earnings¹⁹ and 2% to 8% of Gross Domestic Product (GDP). Undernutrition also puts a strain on over-stretched health systems, as undernourished individuals are more likely to be sick, and undernutrition in childhood is associated with chronic, costly, diseases later in life.

Challenges to address undernutrition

addressing undernutrition, several challenges need to be overcome. These challenges point to the need for:

- Increased country-level investment in nutrition (especially over the long term). This also involves strengthening national leadership, legal frameworks and management and strategic capacities for nutrition so as to mobilise actors behind a common goal and a coherent multi-sectoral approach.
- Aligning policies that impact nutrition across different Government ministries and donor departments. This includes integrating nutrition as a key objective in rural development and community-based initiatives, sustainable agriculture, fisheries, food security, public and reproductive health, water and sanitation, social protection and education policies.
- Promotion of gender equality and the empowerment of women in all sectors related to nutrition²⁰ on the basis of the identification of the social determinants of undernutrition. Women’s economic, social, reproductive and domestic roles are all essential for food and nutrition security.
- Because undernutrition is an intergenerational problem and is the result of crisis as much as long term trends, building greater coherence and coordination for nutrition across the emergency – development spectrum is vital.
- A better understanding of ‘what works’ for nutrition through applied research and rigorous monitoring and evaluation, is needed for the identification of effective policies and actions for nutrition in different sectors and for the scaling-up of interventions. Greater effectiveness of nutrition and nutrition-sensitive interventions in line with general principles of aid effectiveness is essential.
- The EU considers that support to smallholder agriculture has the capacity to increase access both of rural and urban poor to nutritious food and to positively impact on livelihoods. This includes identifying and taking advantage of opportunities to improve nutrition along value chains to increase the availability, access, and intake of nutrient-rich foods for the poor.
- Building on global political and funding commitments for addressing food insecurity and undernutrition, in particular in view of the post-2015 MDG framework is required.

¹⁹ World Bank, *Repositioning Nutrition as Central to Development - A Strategy for Large-Scale Action*, 2006

²⁰ Including raising the awareness of women and including reproductive health issues if applicable

2. GUIDING PRINCIPLES AND OBJECTIVES

Guiding principles

EU support is to the largest extent possible aligned with partners' policies and priorities, in line with aid effectiveness principles. Addressing under-nutrition requires recognition by partner countries of the problem and a commitment to tackle it. The international community will do all it can to support partner countries in their efforts to enhance maternal and child nutrition, but resources also need to be set aside by governments themselves to ensure that under-nutrition is tackled in a sustainable way.

The EU aims to ensure maximum complementarity and sequencing between humanitarian and development interventions. The EU's commitment to increasing resilience opens new opportunities for nutrition: humanitarian and development actors will work together in developing a common understanding of the nutrition situation (through common analyses and operational assessments) that will be used as a basis for defining common strategic priorities for programming of humanitarian and development funds. The EU's assistance to undernutrition in humanitarian crises continues to be guided by the humanitarian principles of humanity, neutrality, impartiality and independence and follow a clearly needs-based approach.

The EU should respond through multiple sectors to address the various determinants of undernutrition. This approach recognises that nutrition-specific interventions alone will be insufficient for a sustainable reduction of undernutrition. In particular, actions that address rural development²¹, sustainable agriculture, food and nutrition security, public health, water and sanitation, social protection and education will be highly relevant.

Nutrition development interventions will give priority to creating the right conditions for optimal growth during the 'crucial window of opportunity' of the first '1 000 days' between conception and two years of age. The EU should strive to prevent and minimize any negative effect its assistance could inadvertently have on nutrition. For instance, this is important in relation to the safety of innovations and the use of specialised nutrition products. Control measures are also essential to reduce risks such as an increase in food-borne or water-borne diseases, or in women's workload to the detriment of childcare. Furthermore the EU will ensure coherence and consistency between its policies that have an impact on food and nutrition security such as trade, climate change, health, environment, employment, etc.

The EU will strengthen its collaboration with institutional actors: partner countries, EU Member States and other bilateral donors, international organisations and global networks (e.g. SUN; humanitarian cluster system). In addition, the EU should expand and strengthen its partnerships with non-institutional actors. Where possible and appropriate, the EU should maximise the sustainability of interventions by promoting their integration into national policy frameworks and plans.

The EU should reinforce its partnerships with civil society groups, non-profit organisations and research bodies, drawing on their expertise, helping to create an enabling environment for citizen participation/mobilisation and good governance, and supporting their implementation/delivery capacity when relevant.

The EU should seek further collaboration with the private sector. It wishes to facilitate the engagement of businesses in the fight against undernutrition, to capitalise on their comparative advantages and harness their expertise (e.g. product safety control, fortification,

²¹ Strong community based rural policies that take a multisectoral approach may be part of the solution

enforcement of certification and communication technologies and awareness raising through social marketing). Thereby, the EU will promote responsible business practices, Corporate Social Responsibility, a sound policy and regulatory environment as well as avoidance of conflict of interest and of unfair advantage.

Objectives

The policy spelt out in this Communication aims to enhance maternal and child nutrition by reducing mortality, morbidity, as well as growth and development deficiencies due to undernutrition. More specifically it aims to achieve specific objectives at two levels:

- To reduce the number of children under five years of age who are stunted.
- To reduce the number of children under five years of age who are wasted.

The first objective is aligned with the first World Health Assembly (WHA) Global Target endorsed in 2012 i.e. *a 40% reduction of the global number of children under five who are stunted by 2025*²². This implies reducing the number of stunted children by more than 70 million by 2025. Current trends will contribute to alleviate stunting by approximately 40 million children, but will fall significantly short of the WHA target. Global stunting is dropping at the rate of 1.8% per year on average. The rate required to reach the WHA target by 2025 is 3.9% i.e. collective efforts need to increase significantly to **double the current rate of reduction**. The Commission has therefore committed to support partner countries in reducing the number of children under five who are stunted by at least 7 million above and beyond the current trajectory.

Stunting as a specific objective signals the EU's determination to address this key barrier to human and economic development. However, this does not preclude assistance to address other forms of malnutrition where these are of public health significance and a priority for partner governments.

The second objective is also aligned with the WHA Global Target. The Commission will contribute through its overall strategy to the global target of the WHA (2012) *to reduce and maintain the children wasting to less than 5%*²³. In humanitarian crisis, when mortality rates or the prevalence of wasting exceeds the critical levels²⁴, the EU should intervene in order to reduce the mortality toll of undernutrition.

3. STRATEGIC PRIORITIES

Considering the context, its challenges and the above principles the Commission has identified three strategic priorities for its work focusing on maternal and child nutrition, as highlighted through the outcomes mentioned above.

Strategic priority 1: Enhance mobilisation and political commitment for nutrition

At country level, mobilisation and political commitment will be sought through political dialogue and advocacy. Leadership and national ownership are central to tackle undernutrition. The EU, in close collaboration with the SUN Movement, should encourage reciprocal specific commitments for the reduction of maternal and child undernutrition from SUN members, including partner countries. The Commission and some Member States already act as SUN donor convenors in a number of countries to support national efforts,

²² WHO, *sixty-fifth World Health Assembly*, A65/11, 2012

²³ WHO, *sixty-fifth World Health Assembly*, A65/11, 2012

²⁴ Under 5 mortality rate >2/10000/day; GAM>15% or GAM>10% with aggravating factors. (Commission Staff Working Document on 'addressing undernutrition in emergencies')

mobilise resources and ensure greater coherence amongst donors and overall international support.

At international level, the EU should work towards greater harmonisation and coherence, and a more effective international response. The EU should engage with relevant processes – especially, the G8/G20, WHA, Committee on World Food Security, the SUN Movement, the UN Standing Committee on Nutrition, the Food Assistance Committee and the humanitarian cluster system. For instance, the EU should support improved coordination for nutrition across sectors and with international actors involved in nutrition responses to humanitarian crises, notably in those international organisations where it has a prominent role through its funding contributions. The EU should equally support the SUN Movement in encouraging more high-burden countries to join, maintaining high-level political commitment and leadership, and facilitating coordination of international efforts. It will coordinate with EU Member States to increase effectiveness and secure greater mobilisation across sectors as well as participation in international efforts. It will advocate to ensure that nutrition features prominently in the objectives of the post-2015 development agenda. The Commission recognizes the critical role which civil society can play in getting countries to secure political commitment.

In order to enhance nutrition governance more effectively both at national and international levels, the EU will build on its role in the SUN and in particular on the influence of its “Lead Group”. This Group brings together Heads of State, Heads of Development Agencies including the EU Commissioner for Development, Heads of UN Agencies key representatives from Civil Society and the private sector.

Strategic priority 2: Scale up actions at country level

Scaling up actions at country level requires better use of existing resources and additional financial resources so as to improve nutrition outcomes. The EU should increase its financial contribution to nutrition and encourage the development of programmes that take a nutrition-friendly approach. The EU should actively promote this strategy to other governments.

In development contexts, the EU’s external assistance is aligned with the priorities and the policies set out by partner countries in support of the implementation of national plans.

(a) Strengthening human and institutional/system capacity

The EU should promote the development of national policy frameworks conducive to maternal and child nutrition (i.e. inclusion of nutrition objectives, targets, indicators and budget implications). It will support:

- The development of government-owned strategies and costed action plans²⁵ for nutrition.
- Multi-sector and multi-actor coordination mechanisms involving humanitarian and development actors to facilitate information-sharing, dialogue, joint planning, establishing collaborations and sharing of roles.
- The development of strategic and managerial capacities within relevant bodies (e.g. government departments and humanitarian coordination structures).
- Technical capacity building for nutrition amongst humanitarian and development actors in the rural development, sustainable agriculture, food and nutrition security, public health, water and sanitation, social protection and education sectors.

²⁵ Including national investments

(b) Increasing interventions specifically designed for nutrition in humanitarian and development settings

The EU should increase its investments in interventions with proven effectiveness for implementation in all countries with a high burden of undernutrition. These are often grouped in three categories: 1) behaviour change communication (e.g. promotion of breastfeeding and adequate complementary feeding), 2) provision of micronutrients and deworming interventions (e.g. iron supplementation or fortification) and 3) complementary/supplementary and therapeutic feeding interventions. The latter will be given particular emphasis in areas where wasting is a public health concern (including in humanitarian crises). The categories and lists of nutrition-specific interventions with sufficient evidence to be implemented at scale in countries with a high burden of undernutrition will be updated as new evidence becomes available. In addition, the EU should support interventions with proven effectiveness in specific contexts. These will include a range of actions designed for a specific context such as diversification of diets through increased access to nutritious food at household level or cash transfers to improve child and maternal nutrition.

Preventing and addressing undernutrition in women of reproductive age will be essential to reduce both maternal and child undernutrition.

(c) Increasing nutrition-sensitive actions in humanitarian and development settings

- These actions tend to address the underlying and basic causes of undernutrition (e.g. a water/sanitation programme improving hygiene and reducing women's workload, facilitating access to water, a food and nutrition security intervention targeting specifically the diversification of food intake, promoting free access to healthcare for the individuals at high risk of wasting during a humanitarian crisis). They require that nutrition concerns be incorporated in various sector approaches, so as to guide implementation towards improved nutrition outcomes. This can be achieved by:
- factoring in nutrition systematically in the situation analysis and when deciding upon sector strategies, actions and targeting criteria. Many sectors, whether incidentally or by design, can contribute to nutrition. Amongst those likely to be most effective are: food security (including smallholder agriculture, actions targeting the improvement of rural livelihoods and social transfers), health, social protection, water/sanitation and education;
- including nutrition-relevant indicators in the monitoring framework;
- incorporating measures that strengthen the economic power of households and women, safeguarding their ability to care for young children.

Strategic priority 3: Knowledge for nutrition (strengthening the expertise and the knowledge-base)

There are two dimensions to this strategic priority: strengthening the information base for decision making and offering technical expertise/assistance.

(a) Information for decision-making

The EU recognises the crucial role of relevant and reliable information to inform decisions. Therefore, it will invest in applied research and support information systems.

- Applied research

The EU should invest in research to expand the evidence-base on the efficiency and effectiveness of various actions according to contexts. Ultimately, this should inform policy development and the design of interventions and broaden response options in various key sectors (e.g. health, water/sanitation, sustainable agriculture, food and nutrition security).

Despite the strong theoretical rationale for nutritional gains through food security interventions, the empirical evidence base for this remains weak and needs to be strengthened urgently. As one of the world's largest donors in food and nutrition security and humanitarian food assistance, the EU has a distinct and significant comparative advantage, as well as a responsibility, to fill this evidence gap. It will support operational research that will contribute to the evidence base, comparing the performance of a range of food and nutrition security and food assistance strategies.

For those actions with proven efficiency (either global or context-specific), the EU should support research to identify feasible delivery mechanisms to move from small-scale interventions to nation-wide action.

- Information systems

The EU should support information systems, especially in crises-prone countries, in order to:

- strengthen the quality and the relevance of the information base for decision making
- facilitate the dissemination and the use of information for decision making
- achieve greater institutionalisation and sustainability of these systems
- improve coordination of different initiatives and systems which provide nutrition data and/or information relevant to nutrition

(b) Technical expertise and assistance for building capacity

In addition to financial resources, the Commission will also provide technical expertise and assistance for the implementation of the present Communication, within the context of country-specific Nutrition Action Plans and Strategies. This will target Delegations of the EU, ECHO offices where appropriate as well as Government counterparts and partners where feasible.

4. ACCOUNTABILITY FOR RESULTS

The Commission will track its financial investments and monitor the associated results for both nutrition-specific and nutrition-sensitive actions. This will allow not only for an analysis of efficacy of use of resources, but also an analysis of trends: how much is spent, where and to what end.

Through its reporting, the Commission will seek to increase accountability to the European citizens, partner countries, Member States of the EU, partner agencies and its beneficiaries.

(a) Monitoring/measuring results

The Commission will develop a system to measure the nutrition outcomes of its action, with a specific focus on the reduction of stunting. This target is a major shift away from simply measuring of inputs and outputs and the Commission has set itself the challenge of assessing objectively the extent to which our efforts will contribute to achieving the reductions in stunting that we would like to see. It will work towards a common nutrition monitoring system among development partners and countries. The Commission will continue to report on the outputs of its interventions on under-nutrition in humanitarian crises.

(b) Resource tracking

The EU should strengthen its system of tracking investments for nutrition, to more accurately derive data on the relative spending on nutrition-specific and nutrition-sensitive approaches. Better tracking is an essential component of an enhanced accountability framework for nutrition. It will also contribute to a financial tracking system that is shared by development partners and countries under the umbrella of the SUN Movement. The use of a nutrition marker, in addition to the OECD DAC code system, will be explored. The system should improve the accuracy of reporting and consistency across donors, thereby, allowing for a better understanding of spending flows for nutrition globally and greater accountability at all levels. It should also improve accuracy through using criteria that are driven by the objectives and expected outcomes of individual actions. The information will be shared for public scrutiny, reviewed and acted upon to remedy any biases or gaps.

5. THE WAY FORWARD – SUMMARY OF THE STEPS THE EU SHOULD TAKE

By focusing on maternal and child nutrition, the EU takes a step forward and places itself at the forefront of the struggle to combat world hunger and food and nutrition insecurity. This Communication points the way towards ensuring improvements in nutritional outcomes and how this can be achieved:

1. The EU should support countries in their efforts to combat undernutrition and its most harmful manifestations, stunting and wasting. Tackling nutrition is primarily the responsibility of partner countries, who are encouraged to develop strategies and costed action plans, which should include national investments. EU development support should be aligned with partners' policies and priorities, in line with aid effectiveness principles. Also, the EU will ensure the coherence between its policies that have an impact on food and nutrition security.
2. The first 1 000 days of life are considered critical in preventing undernutrition and its consequences. The EU should therefore work towards improving the nutrition of mothers and children. In addition, girls and women of reproductive age should also be targeted as a priority group.
3. The humanitarian response to crises will focus on the most vulnerable suffering from, or at risk of suffering from, acute undernutrition. The EU should continue, in line with the principles of resilience, to address the problem of chronic undernutrition in such circumstances.
4. Increased investments are needed in nutrition to improve nutrition outcomes, both in a development and humanitarian context and the Commission will develop an accountability framework for these investments. It will develop and share tools to track investments in nutrition and a methodology to measure impact and outcomes of efforts to combat undernutrition. The Commission has committed to support partner countries in reducing the number of children under five who are stunted by at least 7

million and to develop its accountability framework to measure and track progress between now and 2025.

5. Tackling nutrition requires a multisectoral approach. The EU should promote an approach which recognises the need to align policies on rural development, sustainable agriculture, public health, water and sanitation, social protection and education so as to improve food and nutrition security and effectively impact on the nutritional status of women and children. A systematic review of countries nutritional status will be undertaken so that the EU can ensure that nutrition concerns are incorporated in relevant sector approaches and to guide implementation towards improved nutrition outcomes, both in humanitarian and development actions.
6. Tackling nutrition requires close cooperation between humanitarian and development actors. The EU is committed to strengthening such linkages, for example through joint vulnerability analysis and operational planning, so as to build the resilience of the most vulnerable populations.
7. The EU should invest in research to expand the evidence-base on the efficiency and effectiveness of various actions in relation to nutrition. It will also support information systems and the creation of technical expertise and capacity on nutrition.
8. Engagement of business is essential in the fight against undernutrition and the EU should seek to foster collaboration with the private sector in a way that promotes responsible business practices.
9. The EU should promote nutrition in international fora such as the G8/G20, the WHA, the Committee on World Food Security, and continue to engage in key initiatives such as the SUN Movement, the Standing Committee on Nutrition, the Food Assistance Committee, the Zero Hunger Challenge, the International Conference in Nutrition (ICN2) and the humanitarian cluster system. The EU should also strive to ensure that nutrition is well reflected in the post-2015 development agenda and will continue to work towards stronger governance of nutrition internationally.
10. The SUN Movement has been instrumental in raising international awareness about nutrition. The Commission will continue to promote the work of the movement and its efforts to reduce undernutrition at country level. The Commission will encourage more high-burden and donor countries to join the movement.

This Communication is complemented by a Staff Working Document on Undernutrition in Emergencies, outlining the basic principles for humanitarian response to nutrition problems and describing best practice.

The European Parliament and the Council are invited to express their views on the course of actions proposed by the Commission.

Annex 1: Glossary

Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

Humanitarian crisis is an event or series of events which represents a critical threat to the health, safety, security or wellbeing of a community or other large group of people. A humanitarian crisis can have natural or manmade causes, can have a rapid or slow onset and can be of short or protracted duration.

Malnutrition is a physical condition related to the body's use of nutrients. There are two forms of malnutrition: undernutrition and overnutrition.

Micronutrient deficiencies are the form of undernutrition related to vitamins and minerals. Deficiencies of iron, iodine, vitamin A and zinc are amongst the top 10 leading causes of death through disease in developing countries.

Nutrition is the science of how nutrients and other substances in food act and interact in relation to health.

Undernutrition includes: i) intrauterine growth restriction which leads to low birth weight; ii) stunting iii) wasting and nutritional oedema; and iv) deficiencies of essential micronutrients.

Underweight includes children with low weight for height (wasting) or low height for age (stunting).

Wasting is a condition resulting from recent rapid weight loss, or a failure to gain weight, over a short period of time. It is characterised by low bodyweight compared to height.

Stunting describes chronic undernutrition, characterised by low height compared to age. The longer timescale over which height-for-age is affected makes it more useful for long-term planning and policy development.