CODEX ALIMENTARIUS COMMISSION

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Food and Agriculture Organization of the United Nations

World Health Organization

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Agenda Item 3 **CX/NFSDU/15/37/3**

JOINT FAO/WHO FOOD STANDARDS PROGRAMME
CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

Thirty-seventh Session

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MATTERS OF INTEREST ARISING FROM FAO AND WHO

A. Matters of Interest from FAO

1. Minimum Dietary Diversity-Women (MDD-W) – a brand new dietary diversity indicatorFAO has recently published a scientific report underpinning the scientific research leading to a new dietary diversity indicator, i.e. Minimum Dietary Diversity-Women (MDD-W) for assessing diversity of women's diets at individual level. The title of the scientific report is "Moving Forward on Choosing a Standard Operational Indicator of Women's Dietary Diversity.'' (http://www.fao.org/documents/card/en/c/678ab9d4-e7a8-4388-9f9f-1c709ea47752/). In 2012-14, FAO commissioned a project: "Women's Dietary Diversity Follow-up Project (WDDP-II)", in collaboration with the world's leading experts in nutrition assessment, to improve the Women's Dietary Diversity Score (WDDS) (http://www.fao.org/nutrition/assessment/tools/minimum-dietary-diversity-women/en/). The WDDP-II project expanded the datasets to cover more settings in Africa and Asia. Additional analyses were conducted with an objective to identify and propose a dichotomous indicator for global use. Based on research findings from the WDDP-II project, FAO and the Food and Nutrition Technical Assistance III Project (FANTA) convened a consensus meeting in Washington DC, USA on 15-16, July 2014 to select a simple proxy indicator for global use in assessing the micronutrient adequacy of women's diets. Meeting participants from academia, international research institutes, and UN and donor agencies unanimously endorsed and support the use of the new indicator, called Minimum Dietary Diversity – Women (MDD-W) (http://www.fantaproject.org/sites/default/files/resources/WDDP-Meeting-Report-Oct2014.pdf). The new indicator reflects that women consuming foods from five or more food groups have a greater likelihood of meeting their micronutrient needs than women consuming foods from fewer food groups. The new indicator can be generated from surveys. It provides a new tool for assessment, target-setting, and advocacy. FAO and its partners are developing an operational manual to guide the data collection for this indicator, which will be released in December, 2015. The UN Standing Committee on Nutrition (UNSCN) (http://www.unscn.org/files/Publications/Policy_brief_Priority_Nutrition_Indicators_for_the_Post-2015_SDGs.pdf) and the Global Nutrition Report 2015 (http://dcp-3.org/sites/default/files/news-files/GNR%20Report.pdf) have also endorsed MDD-W as a priority nutrition indicator for tracking the progress of the SDGs.

FAO Expert Working Group on evaluating protein quality of human foods

2. Bangalore, India, 2 to 5 March 2014: As follow up to the 2011 FAO Expert Consultation on Dietary Protein Quality Evaluation in Human Nutrition, FAO convened an expert working group to provide recommendations on the best methods to measure and predict digestion and efficiency of utilization of protein and amino acids in humans. The working group selected five protocols for conducting human and animal studies on protein quality in foods commonly consumed in countries throughout the world. The report of the working group was published in March 2015 (http://www.fao.org/3/a-i4325e.pdf).

Global Food Consumption Databases

3. Reliable information on food consumption collected at individual level is needed to estimate nutrient intake and to identify key sources of nutrients in the diet. To address the issue of insufficient access to such data, FAO and WHO are developing the pilot version of a tool called FAO/WHO GIFT (FAO/WHO Global Individual Food consumption data Tool). This comprehensive database will collate micro data for the production of indicators in the field of nutrition, dietary exposure and environmental impact. The pilot version is under development based on four datasets from low income countries. The food categorization system is the one developed by the European Food Safety Authority (EFSA) which was implemented for use at global level.
More information is available at [1]http://www.fao.org/food/nutrition-assessment/foodconsumptiondatabase/en/

[1] This paper has been prepared by both the FAO and WHO

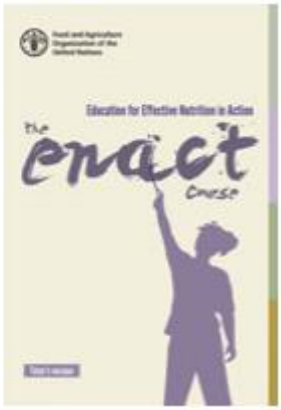
FAO's Role on Strengthening Capacities of Universities in Nutrition Education - Education for Effective Nutrition in Action (ENACT)

4. With support from the German Federal Ministry for Food and Agriculture (BMEL) and in collaboration with national universities in Botswana, Ethiopia, Ghana, Kenya, Nigeria, Tanzania and Uganda, FAO's Nutrition Division (ESN) has developed a nutrition education course containing 10 units for university students to learn how to design, implement and evaluate nutrition education interventions.

5. The ENACT course aims at promoting long-term improvements in diet through an active approach based on identified needs, with attention to social and environmental contexts, all relevant sectors and the whole food cycle (production, processing, marketing, consumption). The course materials and cases mostly relate to Africa but the broad principles and activities are relevant to any country which needs to upgrade capacity in this field. The course is pitched at undergraduate level; however it is relevant to all who have or will have the professional need to handle nutrition education in some form, such as students of nutrition in universities and medical schools, agriculturists, district nurses, health service managers, rural development or community workers, IEC specialists, NGO staff and teachers.

The student's materials can be found at : http://www.fao.org/3/a-i4952e/index.html

The tutor's materials can be found at : http://www.fao.org/3/a-i4930e/index.html



6. A training-of-trainers course is available for tutors. An optional preliminary course in basic nutrition will be soon made available. The course is currently being tested in French in Francophone sub-Saharan universities for adaptation to Francophone Africa.

FAO's Role on Food-Based Dietary Guidelines (FBDGs)

7. FAO website on Food-Based Dietary Guidelines (FBDGs) was re-launched in November 2014, and serves as a platform for information exchange on nutritional guidelines from across the world. The website currently features national food based dietary guidelines from 78 countries, and will be continuously updated as guidelines are created and revised.

- To access the FAO website on FBDGs: http://www.fao.org/nutrition/nutrition-education/food-dietary-guidelines/en/

8. Direct technical assistance provided in the development of national food-based dietary guidelines to the Governments of Afghanistan and Sierra Leone. Both sets of national guidelines are scheduled to be launched by the end of 2015. Technical assistance provided to the revision of food-based dietary guidelines to Colombia, Uruguay and Guyana, and a national education strategy supported.

9. A global review carried out on the "Developments in Healthy and Sustainable Eating and Dietary Guidelines and Related Policies: a State of Play Assessment'. The report is due to be published in December 2015.

FAO's Role on Food and Nutrition Information, Comunication and Education in Latin America and the Caribbean

10. The Red ICEAN is a network that facilitates the exchange of knowledge and best practices in nutrition education amongst nutritionists, communicators, policy-makers, government officers and professionals from different disciplines, mainly health and agriculture, working in Latin America and the Caribbean, through a web-based platform. It was launched in 2014 by the FAO's Nutrition Education and Consumer Awareness Group and the Hunger-Free Latin America and the Caribbean Initiative (IALCSH). The Red ICEAN has also served as a platform to deliver capacity development opportunities through discussion forums on areas related to the nutrition transition and linkages between family farming and nutrition

education, and webinars on technical areas related to the development and implementation of nutrition education interventions and food-based dietary guidelines.

- To access the RED ICEAN website: http://www.fao.org/red-icean/es/
- The summary of the II FSN-RED ICEAN Forum titled "How Latin America combats the double burden of malnutrition?" can be found here: http://www.fao.org/red-icean/recursos/envie-un-documento/details/es/c/326977/

B. Matters of Interest from WHO

WHO guideline/recommendation/guidance development

➢ **WHO guideline on optimal serum and red blood cell folate concentrations in women of reproductive age for prevention of neural tube defects**

11. In 2015, WHO issued the guideline on optimal serum and red blood cell folate concentrations in women of reproductive age for prevention of neural tube defects

12. (http://apps.who.int/iris/bitstream/10665/161988/1/9789241549042_eng.pdf) which provides global, evidence-informed recommendations on blood folate concentrations in women of reproductive age for the prevention of neural tube defects (NTDs) in populations. It aims to help Member States and their partners in their efforts to make informed decisions on the appropriate nutrition actions to achieve the Millennium Development Goals (MDGs), in particular reduction of child mortality (MDG 4) and improvement of maternal health (MDG 5), through the establishment of appropriate threshold values for red blood cell folate concentrations at the population level. These values may be used to determine the need for, and guide monitoring and evaluation of the impact of, nutrition interventions aimed at improving folate status and preventing congenital anomalies. The guideline is intended for a wide audience, including policy-makers and their expert advisers involved in the design, implementation and scaling-up of nutrition actions for public health, as it relates to folic acid-related interventions.

➢ **WHO guideline on sugars intake for adults and children**

13. WHO issued the guideline on sugars intake for adults and children in March 2015 together with Information Note which provides detailed information on how to interpret the guideline (http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/). The guideline provides the recommendations on the intake of free sugars to reduce the risk of NCDs in adults and children, with a particular focus on the prevention and control of unhealthy weight gain and dental caries. Free sugars are defined as monosaccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. The recommendations are to: 1) reduce intake of free sugars throughout the lifecourse; 2) in both adults and children, reduce the intake of free sugars to less than 10% of total energy intake; and 3) further reduce the intake of free sugars to below 5% of total energy intake for added health benefits. The guideline will help Member States and their partners in making informed decisions about nutrition policies, programmes and interventions. It is expected that the guideline will also help to accelerate the implementation of nutrition actions for improving health and development, and ultimately for reducing the burden of NCDs. The guideline is intended for a wide audience including government officials, scientists, the food industry and other partners involved in the development, design and implementation of policies and programmes in public health nutrition.

➢ **Systematic reviews on lipid-based nutrient supplements**

14. As part of the process to develop evidence-informed recommendations on formulated foods for the treatment and prevention of undernutrition in pregnant women and children 6 to 59 months of age in stable and emergency settings, WHO has commissioned the following systematic reviews:

- Lipid-based nutrient supplements to improve the nutrient intake of pregnant women and its impact on pregnancy, birth and infant developmental outcomes in stable and emergency settings.
- Provision of lipid-based nutrient supplements given with complementary foods to infants and young children 6 to 23 months of age for health, nutrition and development outcomes.
- The safety and effectiveness of lipid-based nutrient supplements (LNS) to treat severe acute malnutrition in infants and children 6-59 months of age.
- The safety and effectiveness of lipid-based nutrient supplements (LNS) to treat moderate acute malnutrition in infants and children 6-59 months of age.

15. It is scheduled that these systematic reviews will be completed in 2016.

- **WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Diet and Health**

16. The 8th meeting of the WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Diet and Health was held in Fukuoka, Japan in June 2015. The main objectives of the meeting were to: 1) Further review and finalize the recommendations on saturated fatty acids (SFA) and trans-fatty acids (TFA), taking into consideration the new elements required for determining the strength of the recommendations as described in the updated WHO Handbook for Guideline Development issued in December 2014; and 2) Review and finalize the scope, PICO questions, priority outcomes and effects on health and other issues related to the consumption of carbohydrates (CHO), following the processes established in the WHO Handbook for Guideline Development (2014). The meeting finalized the recommendations on SFA and TFA and currently the draft guideline document is being finalized and a public consultation and peer-review will be implemented as soon as remaining background systematic reviews are published. The 9th meeting of the NUGAG Subgroup on Diet and Health is being planned in early 2016 to review the progress of systematic reviews on CHO (including fibre and fruits and vegetables), review and finalize the scope, PICO questions, priority outcomes and health effects related to non-sugar sweeteners and also dietary patterns, and possibly start the discussion on polyunsaturated fatty acids (PUFA).

WHO meetings

- **WHO Technical Meeting on Fiscal Policies on Diet**

17. The ***Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013 – 2020*** endorsed by the 66th World Health Assembly provides a road map and a menu of policy options for all Member States and other stakeholders to take coordinated and coherent action, at all levels, from the local to the global, to attain the nine voluntary global NCD targets. One of these policy options recommended for Member States is to *"consider economic tools that are justified by evidence, and may include taxes and subsidies, that create incentives for behaviours associated with improved health outcomes, improve the affordability and encourage consumption of healthier food products and discourage the consumption of less healthy options".* In 2014, the WHO Regional Office for Europe published the document "Using price policies to promote healthy diets". This publication provides information on the use of fiscal policies to promote healthy diets and explores policy developments from around the WHO European Region (EURO). It examines the economic theory underpinning the use of subsidies and taxation and explores the current available evidence. The publication includes several cases studies from Member States of the WHO European Region. Building on this work of EURO as well as recent meta-analysis conducted by WHO and other available evidence reviews, WHO convened a technical meeting in Geneva on 5 – 6 May 2015 to: 1) Review evidence and existing guidance of taxes on sugar-sweetened beverages and other foods and beverages high in sugars, salt and fat, including health and economic impact; 2) Present and discuss case studies of countries with experience in taxing of sugar-sweetened beverages and other foods and beverages high in sugars, salt and fat; 3) Review and discuss modalities on policy options of taxes on sugar-sweetened beverages and other foods and beverages high in sugars, salt and fat: scope, tax rate, tax base, use of tax revenue. The meeting identified a list of considerations and next steps towards developing implementation tools for supporting national and international efforts in the scope, design and implementation of effective fiscal policies on sugar-sweetened beverages and other foods and beverages high in sugars, salt and fat.

- **Technical Consultation on Addressing and Managing Conflicts of Interest in the Planning and Delivery of Nutrition Programmes at Country Level**

18. Requested by the 65th World Health Assembly (WHA) in May 2012 as well as the 67th WHA in May 2014, WHO is in a process of developing risk assessment, disclosure ad management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistence with WHO's overall policy and practice. As part of this process, a technical consultation was held in Geneva on 8 - 9 October 2015 to: 1) Scope definitions, criteria, and indicators to help identify and prioritize conflicts of interest in the development and implementation of policies advocated by the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (CIP) at country level; 2) Identify situations in which the development and implementation of policies advocated by the CIP involve interactions between governments and non-State actors (mainly private sector) which may lead to conflicts of interest; 3) Identify a list of tools, methodologies and approaches that may help identify and manage conflicts of interest. The participants of the technical consultation included experts in the area of risk assessment, disclosure, management of conflicts of interest and other areas of expertise, and Member States participated as observers. The issues identified and recommended actions are reported to the 138th Session of the Executive Board in January 2016.

- **WHO Technical Meeting on Nutrition Labelling for Promoting Healthy Diets**

19. As part of the WHO efforts in implementing the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition endorsed together with the 6 Global Nutrition Target 2025 by the 65th World Health Assembly (WHA) in May 2012 which stated that "Trade measures, taxes and subsidies are an

important means of guaranteeing access and enabling healthy dietary choices. They can be powerful tools when associated with adequate information for consumers through nutrition labelling and responsible food marketing, and with social marketing and promotion of healthy diets and healthy lifestyles." as well as the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013 – 2020 endorsed by the 66th WHA in May 2013 which also highlighted the implementation of nutrition labelling as a policy measure for preventing and controlling obesity and NCDs, the WHO Department of Nutrition for Health and Development, jointly with the WHO Regional Office for Europe, will be holding a technical meeting in Lisbon, Portugal on 9 – 11 December 2015, to review the available evidence and compile various country experiences and lessons learned in order to develop guiding principles and a guidance framework for implementing front-of-pack labelling. The objectives of the meeting are to: 1) review the types of front-of-pack labelling systems that are currently being implemented or proposed and identify their benefits and limitations; 2) review and assess the evidence on the effectiveness of different types of front-of-pack labelling systems; 3) review case studies of countries with experience in implementing front-of-pack labelling; 4) identify issues and considerations for the design and implementation of front-of-pack labelling systems in order to develop guiding principles and a guidance framework for implementing front-of-pack labelling. It is expected that the outcomes of this technical meeting will contribute to the development of guiding principles and a guidance framework to be provided to countries as a tool for implementing front-of-pack labelling systems.

- **WHO/FAO meeting on "Staple crops biofortified with increased vitamins and minerals: considerations for a public health strategy"**

20. WHO and FAO, in collaboration with the Sackler Institute for Nutrition Science, are convening a Consultation on "Staple crops biofortified with increased micronutrient content for improving vitamin and mineral status in populations" in New York, USA on 5 - 8 April 2016. In addition to an ongoing Cochrane systematic review on the effects of staple crops biofortified with increased micronutrient content for improving vitamin and mineral status in populations, with particular emphasis on iron, vitamin A and zinc, WHO has commissioned the following 11 papers which will be presented and will be published in the Annals of the New York Academy of Sciences after peer-review:

- Biofortified crops: agronomic biofortification, conventional plant breeding, and bio-engineering
- Biofortified crops production, use and consumption
- Bioavailability of biofortified crops
- Models for estimating nutrient fortification levels in different biofortified crops
- Economic feasibility and impact of biofortified crops: from consumers to added productivity and economic development
- Legal framework for biofortified crop production
- Food safety and environmental considerations of biofortified crops
- Determinants of equity in access to biofortified crops
- Seed markets, trade and intellectual property
- Ethical considerations in biofortification of crops
- Country experiences and case studies on biofortification

Recommendations to Prevent Inappropriate Marketing of Complementary Food

21. In May 2010, the 63rd World Health Assembly expressed concern that inappropriate promotion of breastmilk substitutes and some commercial complementary foods and beverages for infants and young children has been undermining progress in optimal infant and young child feeding (http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf). Inappropriate marketing of commercial complementary foods and beverages can mislead and confuse mothers and other caregivers about the nutrition and health-related qualities as well as the appropriate age and safe use of these foods and beverages. In particular, the distinctions between milk products promoted for children of different ages are not well-understood. Furthermore, promotion of complementary foods and beverages before six months of age has been associated with earlier cessation of exclusive breastfeeding. With support by the Scientific and Technical Advisory Group on Inappropriate Promotion of Foods for Infants and Young Children, WHO developed a draft guidance document that was submitted for public comments from 20 July to 10 August 2015. In addition, WHO convened informal dialogues with NGOs in official relations with WHO and also with the private sector entities on 17 August 2015 and informal consultation with Member States and UN Agencies on 18 August 2015. The final document containing draft recommendations is provided to the 138th Session of the Executive Board in January 2016.

Development of Nutrient Profile Models for Regulating Marketing of food and non-alcoholic beverages to children

22. Nutrient profiling is the science of classifying and ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health and can complement and support food-based dietary guidelines (FBDG) in achieving dietary goals and recommendations. Nutrient profile models are, therefore, tools that can be used to implement public health strategies and interventions to promote healthy diets, such as marketing of food and non-alcoholic beverages to children, procurement of foods in public institutions (e.g. schools), nutrition labelling (i.e. 'front-of-package' labelling), health claims and fiscal policies (i.e. taxation, subsidies).

23. Ad hoc development of various nutrient profile models and their applications by different stakeholders resulted in inconsistencies and created confusions for target audience and consumers. Thus, there was an increased need for systematic evaluation and comparison of different models and WHO was requested by a number of Member States to take the lead in formulating coordinated approach for developing or adapting nutrient profile models which can be used for different public health interventions in order to facilitate the implementation of coherent public health strategies. WHO then developed a Guiding Principles and Framework Manual, following a similar manual developed by WHO which provided step by step process for developing FBDG. This manual was then field-testing in 6 countries (i.e. Canada, Norway, Slovenia, South Africa, Thailand and Untied Arab Emirates) during 2011 - 2013. Simultaneously, several WHO Regional Offices have taken actions to develop regional nutrient profile models for regulating the marketing foods and non-alcoholic beverages to children ─ European Region (2013-2015), Eastern Mediterranean Region (2014 – 2015), American Region (2015) and Western Pacific Region (2015). WHO is now in a process of developing an unified global nutrient profile model for regulating the marketing, bringing together these regional models and also assessing if the marketing model could be adapted for other applications, such as for regulating school food procurement and possibly for implementing fiscal policies.

WHO Fact Sheet on Healthy Diet

24. Consuming a healthy diet throughout the lifecourse helps prevent malnutrition in all its forms as well as a range of noncommunicable diseases (NCDs) and conditions. But increasing production of processed food, rapid urbanization and changing lifestyles have led to a shift in dietary patterns. People are consuming more foods high in energy, saturated fats, trans fats, free sugars or salt/sodium, and many do not eat enough fruit, vegetables and dietary fibre such as whole grains. WHO, therefore, issued, originally in September 2014 and most recently updated in September 2015, a fact sheet on healthy diet (http://www.who.int/mediacentre/factsheets/fs394/en/), highlighting key facts including:

- A healthy diet helps protect against malnutrition in all its forms, as well as noncommunicable diseases, including obesity, diabetes, heart disease, stroke and cancer.
- Unhealthy diet and lack of physical activity are leading global risks to health.
- Healthy dietary practices start early in life – breastfeeding may have longer-term benefits, like reducing the risk of overweight and obesity in childhood and adolescence.
- Energy intake (calories) should balance energy expenditure. Evidence indicates that total fat should not exceed 30% of total energy intake to avoid unhealthy weight gain, with a shift in fat consumption away from saturated fats to unsaturated fats, and towards the elimination of industrial trans fats.
- Limiting intake of free sugars to less than 10% of total energy is part of a healthy diet. A further reduction to less than 5% of total energy is suggested for additional health benefits.
- Keeping salt intake to less than 5 g per day helps prevent hypertension and reduces the risk of heart disease and stroke in adult population.

UNICEF/WHO/World Bank Group: Joint Child Malnutrition Estimates

25. United Nations Children's Fund (UNICEF), World Health Organization (WHO) and World Bank Group released updated joint child malnutrition estimates for the 1990 to 2014 period (http://www.who.int/nutrition/publications/jointchildmalnutrition_2015_estimates/en/). The estimates are based on 778 national surveys, from 150 countries and territories, representing more than 90 % of all children under 5 years of age globally. According to these updated estimates, stunting rates are dropping, but 159 million children around the world are still affected; there are 41 million overweight children in the world which is about 10 million more than there were 2 decades ago; wasting still threatens the lives of 50 million children across the globe. Additional materials provided include: 1) the latest country-level joint malnutrition dataset; and 2) interactive dashboards, which allow users to visualize and export the global and regional estimates.

Global Prevalence of Anaemia in 2011

26. WHO published in 2015 a document on global prevalence of anaemia in 2011 (http://apps.who.int/iris/bitstream/10665/177094/1/9789241564960_eng.pdf?ua=1&ua=1). This document describes estimates of the prevalence of anaemia for the year 2011 in preschool-age children (6–59 months) and women of reproductive age (15–49 years), by pregnancy status, and by UN and WHO regions, as well as by country. This document may serve as a resource for estimating the baseline prevalence of anaemia in women of reproductive age, in working towards achieving the Global Nutrition Target 2025 on anaemia (i.e. 50% reduction of anaemia in women of reproductive age) adopted by the 65th World Health Assembly in May 2012.

Trends and Mortality Effects of Vitamin A Deficiency in Children in Low-income and Middle-income Countries

27. In September 2015, a scientific article entitled "Trends and mortality effects of vitamin A deficiency in children in 138 low-income and middle-income countries between 1991 and 2013: a pooled analysis of population-based surveys" (http://www.sciencedirect.com/science/article/pii/S2214109X1500039X) was published with the collaboration of the WHO Department of Nutrition for Health and Development, based on the WHO Vitamin and Mineral Nutrition Information System Micronutrients Database amongst other sources. WHO has compiled data for vitamin A deficiency by country and used the data to make estimates of vitamin A deficiency worldwide and by region, at specific points in time. This article aims at estimating trends in the prevalence of vitamin A deficiency between 1991 and 2013 and its mortality burden in low-income and middle-income countries. It is planned that WHO will develop an official WHO document based on this article.

Development of mobile phone application of WHO e-Library of Evidence for Nutrition Actions

28. The WHO e-Library of Evidence for Nutrition Actions (eLENA) is an online library of evidence-informed guidance for nutrition interventions. eLENA aims to help countries successfully implement and scale-up nutrition interventions by informing as well as guiding policy development and programme design. Though the number of eLENA web site users continues to grow, difficulties in accessing eLENA content exist in many parts of the world because of non-existent or unreliable internet access as well as scarcity of computers. To increase accessibility to eLENA, a mobile phone application (mobile app) has been developed that will provide users with eLENA content offline – no internet connection required. To achieve this, several new features have been developed such as Guidance Summaries and Systematic Review Summaries which will provide mobile app users with critical information from WHO guidelines as well as the evidence base supporting the recommended nutrition interventions. As the use of mobile phones is increasing dramatically in low- and middle-income countries, it is anticipated that the eLENA mobile app will put important information regarding nutrition interventions into the hands of those previously unable to access it. The field-testing of the eLENA mobile app took place from 1 October to 15 November 2015. The final version of the eLENA mobile app is scheduled to be lauched by the end of 2015.

WHO's work in following-up with the Second International Conference on Nutrition (ICN2)

29. The Rome Declaration sets out a vision for a world with coherent policies to promote a diversified, balanced and healthy diet at all stages of life, with national health systems integrating nutrition, coordinated action among different actors and sectors, empowerment of consumers, and policies that pay special attention to women. The Framework for Action then recommends a set of 60 voluntary policy options and strategies that cover: an enabling environment; sustainable food systems promoting healthy diets; international trade and investment; nutrition education and information; social protection; health systems delivery of direct nutrition interventions and health services to improve nutrition; water, sanitation and hygiene; and food safety and antimicrobial resistance. In 2015 - 2017, WHO has been expanding and will continue to expand its evidence-informed guidance to cover the policy areas identified in the Framework for Action. These include: reviewing and updating of the guidelines on healthy diets (recommendation 13); developing public health measures to reduce the content of sugars, salt/sodium, saturated fat and trans-fat in foods and beverages (recommendation 14 and also in accordance with the WHO guidelines); reviewing regulatory and voluntary instruments (i.e. marketing, publicity and labelling policies, economic incentives or disincentives) to promote healthy diets in accordance with the Codex Alimentarius Commission and World Trade Organization rules (recommendation 15); establishing food or nutrient-based standards to make accessible healthy diets and safe drinking water in public facilities (recommendation 16); developing measures to improve the availability and marketing of complementary foods (recommendation 39); and reviewing effective interventions on breastfeeding, childhood wasting, stunting, and overweight and women's anaemia (recommendations 29–43).