

SHAPING COMMITMENTS FOR NUTRITION AND GENDER EQUALITY AT THE PARIS NUTRITION FOR GROWTH SUMMIT 2025

Recommendations from civil society organisations

This document was developed by a small group of civil society organisationsⁱ committed to closing the gender nutrition gap. We aim to support and inform the work of the Paris Nutrition for Growth Summit (N4G) thematic working group on nutrition and gender equality, as they develop a commitment-making guide.

The next Nutrition for Growth Summit, which will take place on March 27-28 in Paris, France, is a critical opportunity to prioritise women's and girls' nutrition. For the first time since the inaugural N4G Summit in 2012, a dedicated thematic working group on nutrition and gender equality has been established, a significant step towards addressing the underlying gendered causes of malnutritionⁱⁱ.

Under the leadership of UNICEF and UNFPA, and with the expertise of several CSOs, this group can lay the groundwork for nutrition commitments that centre on gender equality and call for gender-transformative and gender-responsive action.

We propose a set of actionable recommendations for the N4G thematic working group on nutrition and gender equality, intended to inform the N4G commitment-making guide. These short-term, adaptable actions can be implemented across diverse country contexts and measured over the four years between summits.

Our recommendations are informed by the latest evidence and policy analysis, drawing on the framework presented in the 2023 *Closing the Gender Nutrition Gap: an Action Agenda for Women and Girls*, as well as landmark reports published since the last N4G Summit.ⁱⁱⁱ

WOMEN'S AND GIRLS' NUTRITION: Summary definition

Women's and girls' nutrition refers to meeting daily macro- and micronutrient requirements from a healthy diet that builds immunity and protects against disease and all forms of malnutrition. Supported by the availability of and access to nutritious foods and health services, gender equality and increased empowerment, income earning potential, and decision-making ability, girls' and women's nutrition affects their ability to flourish across all stages of life, making it foundational for their health, development, and prosperity, and for thriving communities.

Source: FHI 360 and partners, Closing the Gender Nutrition Gap: an Action Agenda for Women and Girls, 2024.

CRITERIA FOR RECOMMENDATIONS

When deciding on the scope and the focus of these recommendations, we ensured that they fulfilled the following criteria:

- **They propose evidence-based action to improve the nutritional status of women and girls while also combatting gender inequality.** They suggest both gender-transformative and gender-responsive interventions, with three distinct levels of impact:
 - Target policies/interventions to the unique biological, physiological and practical needs of women and girls across the lifecycle;
 - Include women and girls as agents of change and decision-makers in their own right in the design, implementation and evaluation of policies and interventions;
 - Transform the opportunity structures that surround women's and girls' ability to exercise their right to food and nutrition.
- **They are aligned with the 2025 Global Nutrition Targets.**
- **They address existing policy gaps,** as identified by the Nutrition Accountability Framework, the SDG 2 and SDG 5 reports, and other tracking frameworks, with a focus on women and girls. Gaps include:
 - Limited commitments for food and nutrition security, diet quality, obesity and nutrition-related non-communicable diseases (NCDs), which particularly impact women and girls;
 - Primary focus on maternal nutrition, women's and girl's nutritional needs within their reproductive role, with less attention paid to non-pregnant and non-breastfeeding women and girls;
 - Limited use of social protection platforms to deliver nutrition-specific interventions.

RECOMMENDATIONS

1. MAKE HEALTHY DIETS ACCESSIBLE FOR WOMEN AND GIRLS

For many women around the world, healthy diets are inaccessible, due to prohibitive food costs, insufficient availability of nutritious foods in many local markets, and aggressive marketing of cheaper and readily available ultra-processed foods.

Today, 2.8 billion people, almost 35.5% of the world's population, cannot afford a healthy diet.^{iv} At the same time, unhealthy eating practices are rising throughout most of the world,^v with ultra-processed foods and beverages (UPFs) now accounting for about half of total energy intake of women in high-income countries.^{vi,vii} UPF consumption is also growing rapidly in low- and middle-income countries, leading to increases in overweight-obesity and other nutrition-related NCDs, such as diabetes, hypertension, and certain types of cancer.

Women remain largely in charge of household food purchases, but they have less access to education and resources than men, which has a direct impact on dietary diversity. Investing in women's nutrition education can be done immediately to support household dietary diversity, despite the growing availability and affordability of unhealthy and ultra-processed foods.

While healthy diets have a positive impact on everyone's nutrition and health, ensuring that women and girls have access to healthy diets is a smart investment, with a multiplier effect:

- **Advancing gender equality:** A well-nourished girl is more likely to complete her education, have a higher income potential, and participate in public life.
- **Breaking the transgenerational cycle of malnutrition:** A well-nourished girl is less at risk of giving birth to low-birthweight babies.
- **Combatting overweight and obesity,** which are impacting greater proportions of women and girls.^{viii}

Take action:

Incentivize the production, distribution and consumption of nutritious foods:

- Provide incentives for the production of locally available and

Over 1 billion women of reproductive age suffer from undernutrition, micronutrient deficiencies, and/or anaemia as a result of inadequate dietary diversity.¹

indigenous fresh, nutrient-rich foods (e.g., animal source foods, legumes, nuts, seeds, vegetables, fruits) which are missing in women's and girls' diets.

- Adopt regulations to encourage and sustain local markets where women can purchase nutrient-rich foods at affordable prices; develop infrastructure that makes local markets safe and easy to access for women (e.g., safe and child-friendly transport to and from markets, women's toilets at markets, other requirements depending on local context and needs).
- Implement interventions to transform norms that act as a barrier to women's and girls' right to healthy diets and nutrition (e.g., decisions on household food allocations and purchases, dietary habits of adolescents, as well as norms that promote unequal household labour, early marriage, and other forms of violence against children known to worsen nutrition outcomes). For example, these interventions could be community-mobilization activities, group-education with men and boys to change attitudes and norms, social marketing campaigns.
- Invest in nutrition education for women and girls, to support dietary diversity for themselves and their households.
- Revise social protection mechanisms to include healthy affordable foods for all, including women and girls. Where social protection is limited, cash assistance should be tailored to improve nutrition, supporting the most vulnerable women and girls to access nutritious food.

Protect breastfeeding as the first food:

Adopt policies that support women to breastfeed, such as paid family and parental leave that prioritizes paid maternity leave for at least six months to align with the recommended period of exclusive breastfeeding;^{ix} maternity protection policies; breastfeeding breaks and a dedicated place to breastfeed or express breastmilk in the workplace.

- Ensure universal coverage of breastfeeding counselling, micronutrient supplements, and skilled support before and after childbirth, especially for the most vulnerable women and girls.
- Promote greater male engagement in infant and young child feeding (IYCF) programmes. This will enable women to redistribute domestic and care responsibilities to others in the household and have dedicated time for breastfeeding.
- Scale up infant and young child feeding counselling at health facilities and community-based services as recommended in the World Health Organization's guidelines on breastfeeding counselling.^x
- Develop or strengthen national policies and guidelines for infant and young child feeding in humanitarian contexts to protect breastfeeding in the face of emergencies.

The lives of over 820 000 children under five years could be saved every year if all children 0–23 months were optimally breastfed. Breastfeeding improves IQ, school attendance, and is associated with higher income in adult life.²

Adopt and strengthen policies that regulate and disincentivize ultra-processed foods (UPFs), including sugar-sweetened beverages and commercial milk formula products targeting pregnant or breastfeeding women and/or women and girls more broadly:

- Disincentivize unhealthy foods through taxation and labelling, to support women as primary household food purchasers to make nutritious choices.^{xi}
- Adopt, implement and monitor national policies that ban the marketing of UPFs to children, including adolescent girls. Adopt regulation to restrict access to UPFs in schools and the nearby vicinity.
- Adopt new and strengthen existing policies and legislation that restrict the marketing and promotion of commercial milk formula products in full compliance with the International Code of Marketing of Breast-milk Substitutes ('the Code') adopted by the World Health Assembly in 1981. Invest in government and civil society mechanisms to monitor and enforce the Code.
- Implement multi-channel social and behaviour change interventions aimed at families, communities leaders, health workers, employers and media to foster a supportive environment for breastfeeding and counter the marketing influence of commercial milk formula (CMF) and the baby food industry.

Further tackle rising obesity rates affecting all groups, particularly women and girls:

- Adopt national plans against obesity, based on the recommendations from the World Health Organization's Acceleration Plan to Stop Obesity^{xii} which lists effective policies, and provides guidance to implement food regulations, promote physical activity, support positive early food environments and expand the capacity of health systems to deliver obesity management services.
- Implement social and behaviour change communication campaigns on nutrition education, healthy diets and physical activity at the community level, in schools, and in primary health care facilities, including campaigns targeting adolescent girls, to address both obesity and undernutrition.
- Implement social marketing activities, engaging families, community leaders, women's groups and CSOs to drive demand for healthy, nutritious foods.

Global obesity prevalence is predicted to reach 18% in men and surpass 21% in women by 2025.³

¹ UNICEF, Undernourished and Overlooked report, 2023.

² The Lancet Breastfeeding Series papers, 2023.

³ World Obesity Federation.

2. SUPPORT WOMEN'S AND GIRLS' SOCIAL AND ECONOMIC EMPOWERMENT

Good nutrition for women and girls is deeply rooted in gender equality and how economic, social, and cultural circumstances interact. While poverty is a powerful driver of malnutrition, other factors, such as gender and social norms, the unequal distribution of food, power, and resources between women and men within households, also affect women's and girls' nutrition. For example, women and girls eat last and least in their households; girls are less likely to complete basic education than boys, and more likely to be married early; domestic responsibilities and childcare hold women back from formal and informal employment; women and girls shoulder most of unpaid care work globally, all of which drives gender inequalities and harms women's and girls' nutrition.

Greater social and economic empowerment requires increasing women's and girls' participation in decision-making, access to resources, services and opportunities, and to take action, with women and girls, to change the systems that affect them.

Taking action:

Acknowledge and enable women's leadership in food systems:

- Design and implement food systems programmes, training, and financing mechanisms that improve women's access to resources, recognize and empower women as producers, entrepreneurs, and small-business holders along the value chain (not just as recipients of healthy diets).
- Engage women farmer organisations and women's groups within farmer organisations as platforms to foster change in nutrition and livelihoods.
- Adopt the Global Food Systems 50/50 Accountability Framework^{xiii} to monitor progress and hold food systems organisations accountable for achieving gender equality in leadership in food systems organisations.
- Support the dissemination, use and application of the Voluntary Guidelines of the Committee on World Food Security,^{xiv} which include policy guidance on gender equality in the context of food security and nutrition, intended mainly for governments and specialized institutions.

Identify and break down physical, social and economic barriers to care-seeking that women and girls face in accessing health and nutrition services:

- Review and strengthen accountability and feedback mechanisms,

Globally, women were found to perform three-quarters (76.2%) of unpaid care work in 2018, estimated to account for 9% of global GDP (USD 11 trillion).¹

Closing the gender gap in farm productivity and the wage gap in agrifood-system employment would lead to:

- 1% increase (nearly USD 1 trillion) in global GDP; and
- A reduction of the number of food-insecure people by 45 million.²

at community, regional and national levels to help increase access to quality nutrition services responding to expressed needs, including those needs identified by the most disadvantaged women and girls. For example, these mechanisms could collect women's and girls' feedback on the ease to access care, the quality of the care they received and their experience of care.

- Roll-out behaviour change campaigns engaging men, boys, and broader communities to challenge and shift harmful social and gender norms that function as barriers to women's and girls' care-seeking and use of nutrition and health services. These can include, but are not limited to beliefs, social status, cost, the burden of unpaid care work, distance, and lack of awareness.
- Develop targeted male engagement programmes to foster greater support among fathers for women's health and nutrition within households and communities. Develop continuous training programmes for male champions to sustain and expand their influence in promoting gender-equitable practices.

Incentivize keeping girls in school, including through nutrition initiatives:

- Invest in changing cultural norms and barriers to keep girls in schools and support their transition to secondary school.
- Develop behaviour change campaigns that target wider communities to emphasize the positive and wide-reaching impact of investing in girls' education and skills training (including greater income-generating opportunities).
- Implement school feeding programmes to encourage school attendance and improve nutrition of students (e.g., school meals, take-home rations, nutrition education) and ensure girls benefit equitably from these programmes.
- Develop other policies and programmes that keep girls in school, including tuition incentives for girls, menstruation programmes, and improved water, sanitation, and hygiene infrastructure in schools and communities.
- Leverage the potential of schools as platforms to deliver nutrition interventions for all students and ensure girls benefit equitably from these interventions: provide micronutrient supplementation and deworming interventions for school-aged children; implement nutrition education and awareness activities in schools.

Between \$15 trillion and 30 trillion is lost in lifetime productivity and earnings globally due to adult women not having benefited from secondary education.³

¹ International Labour Organization, Care work and care jobs for the future of decent work, 2018.

² Food and Agriculture Organization of the UN, The status of women in agrifood systems, 2024.

³ The World Bank, Missed Opportunities: The High Cost of Not Educating Girls, 2018.

3. FURTHER INTEGRATE NUTRITION INTO HEALTH SERVICES FOR WOMEN AND GIRLS

Integrating nutrition in maternal, newborn and child health services saves lives. Nutrition is key to achieve Universal Health Coverage; yet, universal coverage of nutrition services remains out of reach to many women and girls—especially for the most vulnerable.

We know what works: in 2016, the World Health Organization released guidelines on antenatal care for a positive pregnancy experience,^{xv} including recommendations on ten nutrition interventions which are proven to reduce maternal and newborn mortality and the incidence of lifelong diseases and improve wellbeing for women, adolescent girls, and their unborn babies. But only two in five pregnant women (43%) can access iron and folic acid supplementation, and only around 20% of low- and middle-income countries provide antenatal multiple micronutrient supplements, which is the standard of care in most high-income countries.^{xvi}

All women and girls have a right to good nutrition regardless of their reproductive status. All too often policies and programmes focus solely on maternal nutrition. In practice, essential nutrition services^{xvii} need to be available to all women and girls, including those who do not have routine touch points with the health system, and accounting for adolescent girls' specific nutritional needs.

We must reach universal coverage of essential nutrition actions and services and further their integration into the health system to ensure all women and girls receive the health and nutrition services they need, wherever they live.

Take action:

Leverage maternal, newborn and child health services to reach pregnant women and adolescent girls and mothers with essential nutrition interventions:

- Advocate for the wide-spread adoption of the 2016 World Health Organization's guidelines on antenatal care for a positive pregnancy experience.
- Scale up coverage of essential nutrition actions and services, with a focus on high-impact interventions to prevent malnutrition and anaemia in pregnancy, as detailed in UNICEF's Acceleration Plan.^{xix}
- Include multiple micronutrient supplements on the national Essential Medicines List (EML), by submitting a dossier to the EML review committee to facilitate procurement and distribution.

A stronger focus on nutrition within health services could save 3.7 million lives by 2025.¹

Globally, 30% of women and adolescent girls suffer from anaemia and 69% suffer from micronutrient deficiencies.²

Expand access to essential nutrition actions to all women and girls,

not only mothers, of all ages:

- Integrate nutrition in adolescent-friendly (accessible, non-judgmental, supportive) sexual and reproductive health services to ensure adolescent girls, particularly those at risk of early pregnancy, receive comprehensive support and tailored nutrition and health interventions.
- Scale up micronutrient interventions beyond antenatal care services to reach all women and girls.
- Allocate budgets to health facilities and community-based services to train health workers and ensure essential medicines and equipment are available to scale up delivery of essential nutrition interventions.
- Include nutrition in the curriculum of key health workers at all levels to ensure they are responsive to the nutrition needs of women and girls across their lifecycle.
- Invest in health extension services with training and deployment of health extension workers, to reach every woman and girl with integrated nutrition services, wherever they are.
- Where health systems are not functioning (in emergency and fragile settings), expand coverage through alternative delivery platforms with a focus on reaching those women and girls most left behind and most vulnerable. For example, through civil society organisations which continue to have access, and by engaging community health workers who may have become refugees or displaced themselves and continue to provide some services.
- Implement the MNCH Resolution adopted at World Health Assembly 77 to improve health and well-being of women, newborns, children and adolescents along the life course, including through increased collaboration between the health and the nutrition sectors.

At just over \$5 per adolescent per year, interventions to improve adolescents' physical, mental, sexual, and reproductive health can lead to economic and social returns of up to ten times their cost.³

¹ Investing in nutrition. The foundation for development. An investment framework to reach the Global Nutrition Target. ^{xviii}decent work, 2018.

² UNICEF, Undernourished and Overlooked, 2023.

³ UNICEF, Adolescent Girls – The Investment Case, 2023.

4. LEVERAGE SOCIAL PROTECTION FOR WOMEN'S AND GIRLS' NUTRITION

Social protection can be a powerful lever to improve women's and girls' food and nutrition security and advance gender equality. Social protection done well reaches the most vulnerable, supports their aims for livelihood development, reduces risks, and builds resilience. Social protection programmes can improve women's and girls' access to nutritious foods – through cash transfers, food or vouchers – and increase their income and decision-making power. They can also serve as a platform to deliver nutrition interventions such as nutrition counselling and the distribution of multiple micronutrient supplements.

Only 26.5% of women globally have comprehensive social security coverage and 2 billion women and girls are without access to any form of social protection.¹

But to date, women still have significantly lower social protection coverage than men. As stated by the International Labour Organization, *“(This) discrepancy largely reflects and reproduces [women’s] lower labour force participation rates, higher levels of part-time and temporary work and of informal employment, gender pay gaps and a disproportionately high share of unpaid care work, which national social protection strategies often fail to recognize.”^{xx}*

Social protection programmes are still failing too many women and girls, who are facing intersecting forms of vulnerability and inequality throughout their life and are not covered by social protection in their own right. We must invest in social protection programmes that implement gender transformation, addressing the disproportionate burden of poverty on women and girls, unequal access to nutrition interventions and support, and the drivers of gender inequality.

Take action:

Provide labour market incentives to attract and retain women in paid employment within both the formal and informal sectors:

- Implement policies that embed and expand access to quality affordable childcare, maternity protection, parental leave, and that support breastfeeding in the workplace.
- Implement affirmative policies that support women in leadership roles and women's upward mobility. Improve the remuneration to reflect the high value of caring work in professions dominated by women and related to nutritional outcomes, e.g., community health workers, social workers, elderly care, educators, etc.
- Scale up health and nutrition interventions in the workplace for women, including breastfeeding support, access to safe and nutritious foods during working hours, employer-provided health checks and counselling, and promotion of healthy diets.

Invest in social protection programmes that support the economic inclusion of women and girls, protecting incomes and supporting household nutrition and food security:

- Design and implement cash transfer and in-kind transfers that respond to the expressed needs of women and girls, and which can alleviate the financial barriers they face to access nutritious foods.
- Design and implement public work programmes that create jobs for women and girls and contribute to their income and nutrition security.
- In contexts where formal social protection mechanisms do not exist or function, tailor humanitarian cash assistance for nutrition to expand access for the most malnourished women and girls experiencing intersecting vulnerabilities and inequalities.
- Adopt policies that expand access to unemployment schemes, ensure women's equal access to pension schemes and income security for older women as powerful mechanisms to alleviate poverty and support food and nutrition security.
- Expand coverage of essential nutrition services (to reach universal coverage) as a core social protection and safety net for the most vulnerable.
- Increase budget allocations for social protection programmes for women and girls to recognize women's and girls' contributions outside of paid labour markets, support incomes and household nutrition, and promote women's economic inclusion.

¹ ILO, World Social Protection Report, 2020–22, and UN WOMEN, World survey on the role of women in development 2024: Harnessing social protection for gender equality, resilience and transformation.

5. INVEST IN DATA FOR ACTION AND ACCOUNTABILITY

We must close the data gaps on women's and girls' nutrition. Fragmented and incomplete nutrition data systems fail to capture and address the multilayered causes of women's and girls' malnutrition. Data is collected for a limited number of interventions: for example, health information systems data on nutrition services for women and girls, where they exist, capture mainly maternal nutrition information. Few countries have indicators on iron and folic acid supplements provided to pregnant women, and fewer countries yet have an indicator on nutrition counselling. There are data gaps on transition and scale up to multiple micronutrient supplementation, calcium and balanced energy protein. Data on diet quality is scarce, making it difficult to track how the healthy and unhealthy components of diets are changing.

Another major gap is data collected on women and girls' preferences, specific needs and desires, especially outside of their reproductive role. This is particularly the case in health systems, but also in food, education, water, sanitation and hygiene, economic inclusion, and social protection.

Finally, data collection systems must be strengthened: for example, national household surveys do not collect coverage of maternal nutrition interventions in a standardized way, and extended recall periods make it hard to provide valid estimates.

Understanding what women and girls eat and the context in which they make decisions regarding their nutrition is vital to protecting their long-term nutrition and health. To inform, implement and monitor evidence-based policies and programmes, data need to cover nutritional outcomes, such as micronutrient deficiencies and anaemia, the coverage of nutrition interventions, as well as broader consumer-based population-level trends, including poverty levels and food affordability and the consumption of healthy and unhealthy foods. Data and accountability mechanisms are crucial to hold governments, philanthropies, businesses and NGOs accountable to all nutrition commitments they make.

Take action:

Invest in fit-for-purpose data systems that support decision-making for women's and girls' nutrition:

- Invest in regularly collected data from administrative and survey sources, including large-scale, national quantitative 24-hour dietary recall surveys (with data disaggregated by sex and age).

- Include indicators on the coverage and adequacy of nutrition interventions across sectors to understand and adapt how these services are reaching women and girls through the life-course.
- Include indicators on micronutrient status.
- Adopt tools to measure diet quality over time, such as the Global Diet Quality Score.^{xxi}
- Collect and analyse data on the social drivers of poor nutrition.
- Invest in better data on women's and girls' nutrition in hard-to-reach, fragile and humanitarian settings where needs are high, and data are scarce.
- Collect data on women's and girls' needs and preferences to adapt systems to better serve them outside of their reproductive role, especially adolescent girls.

Hold stakeholders accountable for commitments made at the Nutrition for Growth Summit 2021 and the upcoming Summit in 2025, particularly those related to anaemia, micronutrient deficiencies, exclusive breastfeeding, and low birthweight babies:

- Invest in a global nutrition financing tracking system to improve coordination, resource mobilisation and resource allocation and regularly track progress on commitments made in the Nutrition Accountability Framework.
- Join the SUN Civil Society Network's social accountability campaign to hold stakeholders to account for promises made.
- Mainstream financing for gender and nutrition across sectors, setting nutrition financing targets or benchmarks, and supporting tracking systems to measure progress against those financing targets.

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- ⁱⁱⁱ Including, but not limited to: UNICEF's Undernourished and Overlooked report, the 2022 Global Nutrition Report, the 2024 State of Food Security and Nutrition in the World Report, the World Bank's 2024 Investment Framework for Nutrition, the GTFN Policy Research: Gender in the 2021 Nutrition for Growth Summit Commitments' Goals, CFS Voluntary Guidelines on Gender Equality and Women's and Girls' Empowerment in Food Security and Nutrition, the Emergency Nutrition Network's Women Nutrition Report, the Stronger Foundation's Nourish Equality Guide and UNICEF's Programme Guidance to Protect the Nutrition of Women and Adolescent Girls in Humanitarian Settings.
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