CLOSING THE GENDER NUTRITION GAP

An Action Agenda for Women and Girls

March 2025

THE GENDER NUTRITION GAP

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Citation: FHI 360. Closing the Gender Nutrition Gap: An Action Agenda for Women and Girls. July 2023.

ACRONYMS

ANC	Antenatal care
BEP	Balanced energy and protein dietary supplementation
BMS Code	International Code of Marketing of Breastmilk Substitutes
CMF	Commercial milk formula
CSO	Civil society organization
CS-SUNN	Civil Society Scaling Up Nutrition in Nigeria
EML	Model List of Essential Medicines
FAO	Food and Agriculture Organization of the United Nations
HMHB	Healthy Mothers Healthy Babies Consortium
ICN2	The Second International Conference on Nutrition
IFA	Iron folic acid
ILO	International Labour Organization
INGO	International nongovernmental organization
MMS	Multiple micronutrient supplements
MNCH	Maternal, newborn, and child health
MUAC	Mid-upper arm circumference
RUTF	Ready-to-use therapeutic food
SUN	Scaling Up Nutrition
UHC	Universal health coverage
UPF	Ultra-processed food
WHO	World Health Organization

EXECUTIVE SUMMARY

The Gender Nutrition Gap ("Gap") is how the unique biological needs of women and girls, disparities in access to food and services, and harmful social norms have a bearing on women's and girls' health and economic outcomes.

It's complex: cultural norms, social roles, economic disparities, and discriminatory practices create and sustain this overlooked crisis. Feminism, equal rights, justice, and mitigating the climate crisis are all part of the solution.

Today, gender gaps are extensive. Pay, data, pension, and tech gaps are all caused by systemic challenges, and the Gender Nutrition Gap is no different. This Gap is significant and worsening. It is of concern for human rights, public health, and national development. By failing to close this Gap, we are jeopardizing the lives of women and girls and our collective future.

The Gap is complicated. But it is also simple. It's about who eats last and least and worst, depression and exhaustion, and mothers sacrificing when food is limited. It's about girls not being able to concentrate at school and a 10% reduction in lifetime earnings.

The global economic crisis provides a means to further overlook this tragedy for women and girls. Unfortunately, those in power are continually demonstrating that the ramifications for women and girls and our wider communities, cultures, and countries are acceptable.

The Gap is devastating, preventable, and a rare opportunity to accelerate the feminist agenda. Uniting the resources, goals, expertise, and energy of the nutrition and maternal, newborn, and child health (MNCH) sectors with gender equality movements will power and reinvigorate better outcomes for everyone.

Closing this Gap will save lives. Together, we can tackle harmful beliefs, ensure equality in decision-making, commit to adequate funding, act with shared political power, focus policies, improve marketing regulations, and empower male advocates.

Making these changes across our families, communities, and countries will unleash powerful progress for women, for girls, for all of us.

Our *Closing the Gender Nutrition Gap: An Action Agenda for Women and Girls* ("Action Agenda") unites stakeholders around a set of concrete actions that aim to improve women's and girls' nutrition while advancing gender equality and maternal, newborn, and child health. The Action Agenda is a resource for advocates, policymakers, and decision-makers across sectors to guide actions for women's and girls' nutrition at multiple levels.

Our collective action will accelerate progress toward interdependent and shared goals across the nutrition, maternal, newborn, and child health and gender equality and women's empowerment communities — namely saving lives, improving birth outcomes and overall health, increasing human capital and economic productivity, and building personal and collective resilience.

Globally, levels of food insecurity and malnutrition are unacceptably high, and progress on women's and girls' nutrition has been slow. We cannot afford to do business as usual amidst escalating global crises and their compounding negative impacts on women, girls, and communities. UNICEF's 2023 flagship report, *Undernourished and Overlooked: A Global Nutrition Crisis in Adolescent Girls and Women*, quantifies the scale and seriousness of the problem: More than one billion adolescent girls and women worldwide suffer from undernutrition, including detrimental lifelong effects of the consequences of wasting and stunting, micronutrient deficiencies, and anemia.[1] The countries and regions with the highest rates of child undernutrition and low birthweight are also home to the highest rates of maternal underweight.[2] Malnourished mothers give birth to small and vulnerable newborns with immediate and long-term consequences for individual and societal development and growth.[3] Today, approximately 20 million infants are born with low birthweight globally, and 73% of all low birthweight infants reside in South Asia and sub-Saharan Africa.[4,5] We must strive for a system in which the mother-infant pair is strengthened and nourished through the collaboration of the health and nutrition sectors to deliver quality, accessible, continuity of care within and between services.[6]

Women's and girls' nutrition is disproportionately affected by the ongoing and interrelated impacts of the COVID-19 pandemic, escalating conflict, climate change, the food crisis, and the cost-of-living crisis,[7] with up to 4.8 million more pregnant

women estimated to suffer from anemia due to secondary effects of the COVID-19 pandemic in 2020–2022 compared to 2019 levels.[8] There are 150 million more women and girls who are hungry than men and boys who are hungry.[9] Food crises hit women and girls hardest for many reasons; they often eat last and least, even in normal circumstances.[10] At the same time, pregnant and lactating women and infants have specific nutritional needs.[11,12] UNICEF found that in 12 countries affected by the global food and malnutrition crisis, the estimated number of acutely malnourished pregnant and breastfeeding women and girls increased by 25% between 2020 (5.5 million) and 2022 (6.9 million).[13]

The challenge—and the opportunity—is that women's and girls' nutrition is underprioritized in policies and programs across diverse contexts. While the scope for action is varied, the commitment to women and girls must remain singular. We must act.

The Action Agenda provides:

- **4 Action Areas, of policy and program recommendations;**
- **8 "uplifted" Action Domains to bridge gaps across sectors; and**
- **10 principles to guide all actions to close the Gender Nutrition Gap.**

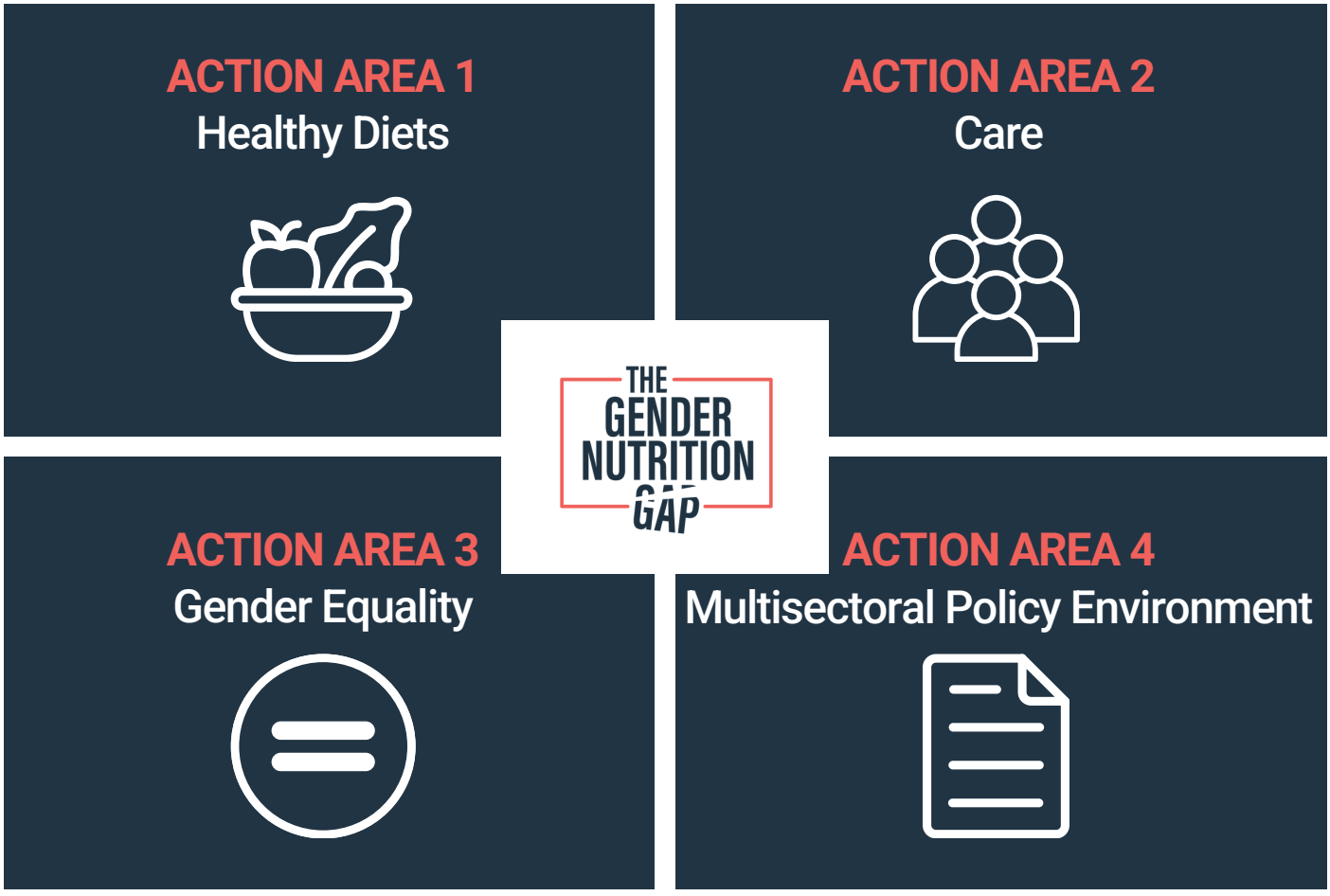
There have been several calls to action on women's and girls' nutrition in recent years, including: the 2015 launch of the United Nations (UN) Secretary-General's Second Global Strategy on Women's, Children's and Adolescent's Health (2016—2030); the UN Decade of Action on Nutrition (2016—2025); and the Global Nutrition Summit in 2017 in Milan.[14] Many of the recommended actions proposed in this Action Agenda have previously been adopted by the 162 states attending the Second International Conference on Nutrition (ICN2) in Rome in 2014. Yet international processes and attention have not adequately translated into concrete actions, and women's and girls' nutrition remains underprioritized.

To close the Gender Nutrition Gap, we call on actors to reposition nutrition as a feminist issue and come together to prioritize actions through a gender-transformative lens. We need to reenergize previous commitments and focus resolutely on the root causes of gender inequalities. All women and girls deserve equal opportunities to thrive and have a voice in the decisions that shape their households, communities, and food security. The typical policy focus on maternal nutrition alone, risks overlooking women's and girls' innate right to good nutrition and health. As was stated in an article in The Lancet Public Health in 2019, "Above all, the global health agenda must be feminist."[15]

Through a feminist lens, we can accelerate joint actions to bring about systemic change, especially across health, nutrition, gender equality, women's empowerment, social protection, and care sectors, and within food systems. We can break the cycle by positively changing cultural norms and social roles, generating economic justice, and enacting human rights. Together, we must stand against malnutrition's collateral—its resulting depression, exhaustion, myriad health challenges, and greater risk of death—and no longer accept this as a normalized way of life for women and girls. Figure 1 below depicts a Framework for Action in four areas needing urgent action to close the Gender Nutrition Gap.

The Framework for Action comprises our Action Agenda for the four broad Action Areas shown in figure 1 and a comprehensive list of eight additional, more specific Action Domains that apply across the four Action Areas. Within this framework, this Action Agenda calls on decision-makers to prioritize, catalyze, account for, and collaborate on interventions to improve policies and increase investment in women's and girls' nutrition.

FIGURE 1: ACTION FRAMEWORK FOR CLOSING THE GENDER NUTRITION GAP ACROSS FOUR ACTION AREAS



8 ACTION DOMAINS FOR CLOSING THE GENDER NUTRITION GAP

The following eight Action Domains have enormous potential to bridge gaps and connect across Action Areas. These eight actions have been co-designed as an instructive tool for advocacy within the gender equality, nutrition, and maternal, newborn, and child health (MNCH) spaces.

1 MATERNAL, NEWBORN AND CHILD HEALTH SERVICES (MNCH)

Given the threats to survival and development for all children, double down on high-impact, cost-effective nutrition interventions within MNCH services and antenatal care (ANC) and postnatal care platforms. Widely scale up adoption of the World Health Organization (WHO) guidelines to **integrate essential nutrition actions into antenatal services,** which include nutrition counseling, multiple micronutrient supplements (MMS), balanced energy and protein dietary supplementation (BEP), and calcium supplementation. Adding MMS to national essential medicine lists supports its procurement and distribution.

2 EDUCATION, HEALTH AND SOCIAL CARE SYSTEMS

With consideration for girls' and women's unequal access to health, education, and social protection services, strengthen the links between these care systems to support women and girls across the care systems by embedding critical contact points to prevent, detect, and treat malnutrition. Expand culturally competent, quality nutrition services for women and girls, including non-pregnant women, adolescent girls, and women and those left behind while officials pursue Universal Health Coverage targets for other populations. For example, strengthen adolescent-friendly health and nutrition services and evidence-based interventions for non-pregnant, nonlactating women. Connect women's and girls' nutrition and health with services that manage infants and children at risk of poor growth and development, including wasting treatment.

3 SOCIAL NORMS

Enact gender transformative policies and programs to address root causes of gender inequalities. Advocate for changes that provide equitable access to quality education; economic empowerment, including closing the pay gap and decent work; and redress of social norms and structural barriers to women's and girls' full inclusion, including access to financial services, credit, and financial literacy; enforcement of land rights; elimination of discriminatory laws and policies; and other measures. Ensure that girls are legally protected from child marriage and are encouraged to stay in school. Actions can be guided by two frameworks, the Gender Transformative Framework for Nutrition and the Global Food 50/50 accountability framework.[16,17]

4 FOOD SYSTEM MARKET FAILURES

Given the disproportionate impact of food systems on girls' and women's health— particularly the impacts of being overweight or obese—educate consumers on the importance of healthy diets, and protect consumers from harmful marketing practices through global, regional, and national regulations. Enact and implement policies and legislation to restrict exploitative marketing and false advertising of unhealthy foods such as commercial milk formula, ultra-processed foods, and sugar-sweetened beverages. Include fiscal policies (e.g., taxation on sugar-sweetened beverages) and food labeling regulations (e.g., evidence-based front-of-package labels for foods and beverages). Improve the regulatory and policy environment to expand availability and access to fortified foods.

SOCIAL PROTECTION

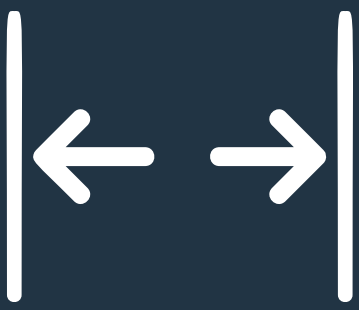
Expand functions of social protection systems for nutrition and for women's and girls' economic empowerment. Social protection is a catalyst for other sectors, and existing programs serve as a strong platform for implementing nutrition-sensitive interventions and removing financial barriers to food insecurity. Enact adequate paid family leave; including maternity and parental leave; and breastfeeding breaks, for women who choose to breastfeed, in line with WHO's recommended durations for exclusive and continued breastfeeding; and International Labour Organization conventions. Develop and implement policies that enable women's leadership and participation within society.[18]

HUMANITARIAN CRISIS

Prioritize women's and girls' nutrition in humanitarian responses. Develop protocols and guidelines, improve sex-disaggregated nutrition data collection, and increase funding and coverage of essential nutrition services for women's and girls' nutrition across the lifecycle in humanitarian settings, including ensuring MMS for pregnant women and ready-to-use therapeutic food (RUTF) to treat severe acute malnutrition are available in the package of health and social protection programs.

THE UNPAID CARE ECONOMY

Account for the immense value of the unpaid care economy, carried out largely by women, in national planning frameworks. Develop policies that aim to recognize, reduce, and appropriately redistribute unpaid care and domestic work, engage fathers and all family members, change attitudes to increase male participation in care work, and enacting adequate paid family leave policies.



DATA AND ACCOUNTABILITY

Close the vast data gaps on women's and girls' nutrition by investing in data systems and regularly collecting data from administrative and survey sources, ensuring that the data collected is disaggregated by sex and age. Actively support the use of data to dramatically improve visibility, decision-making, actions, and accountability for women's and girls' nutrition. Fill the great need for actionable data on diet quality, micronutrient status, and coverage and adequacy of nutrition interventions across sectors that are reaching women and girls.

GAP CLOSERS: A COALITION OF PARTNERS

The Action Agenda has been co-created with, and is being supported by, a growing coalition of partners, with funding from the Bill & Melinda Gates Foundation. Together, we want to inspire decision-makers at global, regional, and national levels, including donors, governments, civil society organizations (CSOs), international nongovernmental organizations (INGOs), and the private sector to recognize how optimal nutrition for women and girls advances the interdependent health and gender equality agendas; to join forces to prioritize women's and girl's nutrition; and to take concrete, priority actions toward shared goals.

THE PROBLEM: THE GENDER NUTRITION GAP IS SIGNIFICANT AND WORSENING.

More than one billion adolescent girls and women suffer from undernutrition (including underweight and short height), deficiencies in essential micronutrients and anemia.[19]

We find this unacceptable.

Are you with us?

Malnutrition lowers resistance to disease and immunity, decreases overall health, and negatively impacts people's ability to earn and reach their highest potential.[21,22] Women and girls are disproportionately impacted by malnutrition, and their poor nutrition bears generational consequences. The nutritional status of a mother is a consistent predictor of stunting and wasting in early childhood. Child undernutrition is concentrated in the same regions as maternal undernutrition.

An estimated two-thirds of non-pregnant adolescent girls and women (69%) are deficient in iron, zinc, and/or folate.[23] Progress on anemia has stalled, with only one country (Guatemala) on track to meet the globally agreed 2030 target to cut anemia in half for adolescent girls and women of reproductive age.[24] Today, almost one-third of women of reproductive age suffer from anemia.[25]Anemia can be life-threatening and causes extreme fatigue and poor concentration, hindering learning potential, educational attainment, and productivity.[26] Additionally, during pregnancy, it results in adverse birth and health outcomes.[27,28] Health systems often do not address anemia in adolescent girls and non-pregnant and non-lactating women, with either no policy in place, or insufficient investments to support these policies.

BOX 1

MORE THAN DIETS: WOMEN'S AND GIRLS' NUTRITION DEFINED

Women's and girls' nutrition refers to meeting daily macro- and micronutrient requirements through a healthy diet that builds immunity and protects against disease and all forms of malnutrition. When supported by the availability of and access to nutritious foods and health services, gender equity and increased empowerment, income earning potential, and decision-making ability, girls' and women's nutrition positively affects women's and girls' ability to flourish across all stages of life, making good nutrition foundational for their health, development, and prosperity, and for their communities to thrive.[20]

For a full definition, see the Annex.

The data suggest that, overall, women are more likely to be more obese than men, with rates of 15% and 11%, respectively, in 2016; however, growing obesity rates in women indicate that this may be an underestimate.[30] Overweight and obesity are on the rise in most countries, with 190 countries off track to meet global nutrition obesity targets and 184 countries off course to meet the targets on sodium intake.[31,32] People with overweight and obesity are at higher risk of chronic illness and, if malnourished, may experience an individual-level "double burden" of malnutrition.[33] The drivers of overweight and obesity are complex for women. For example, globally, women are less physically active than men, which may be affected by cultural norms, traditional roles, or lack of social and community support.[34]

Exclusive breastfeeding is essential for a healthy start in life for all infants and children. Decades of research show the long-term positive effects of breastfeeding on the child's health and development and on the mother, including the maternal health and nutrition benefits of child spacing.

For women who choose to breastfeed, there are also health benefits, include lower rates of breast cancer, ovarian cancer, diabetes, and other noncommunicable diseases.[35] Yet, despite robust and sustained evidence, rates of exclusive breastfeeding rates are consistently below global targets, with thirty-three countries worsening or showing no progress.[36,37]

In 2023, the Gender Nutrition Gap worsened: "The global food crisis is deepening the nutrition crisis for adolescent girls and women. The gender gap in food insecurity more than doubled between 2019 and 2021, and in 12 countries affected by the global food and malnutrition crisis, the estimated number of acutely malnourished pregnant and breastfeeding women and girls increased by 25% between 2020 and 2022".[38] Women and girls continue to be disproportionately affected by conflict, climate change, and other economic shocks. Even in regular circumstances, millions of women reduce their own food consumption and restrict their diets so that other family members can eat, and in many cultures, this is common practice even when a woman is pregnant.[39]

THE OPPORTUNITY: COUNTRY-INSPIRED ACTION BACKED BY A GLOBAL AGENDA

The core framework in this Action Agenda is a guide for advocacy and policy-making at the national level, and action is happening fast. To date, coalitions are using the Closing the Gender Nutrition Gap Action Agenda to define and implement a national advocacy strategy for women's and girls' nutrition in Nigeria and India, building on country policy priorities and opportunities. In Nigeria, the focus is on advancing women's and girls' empowerment, as the prerequisite for improved nutrition. In India, opinion leaders are calling attention to the need to do more, better, and differently for nutrition for adolescent girls, not just for pregnant and lactating women.

The Action Agenda provides an adaptable framework for advocacy and policy change at local and national levels, and the actions outlined are informed by country consultations. This framework is an evolving matrix of system change that can be sparked by progressing in any one of the four areas outlined below. Impact stories are presented for each of the four Action Areas to demonstrate elements of the Action Agenda that are underway in diverse settings.

Women and girls are incredibly resilient. It is time that policy recognizes this resilience and sees how instrumental it is in our collective recovery in the 4C era: COVID-19 recovery, the Cost-of-living crisis, Climate change, and ongoing Conflict.

WOMEN'S AND GIRLS' NUTRITION IS A FORCE MULTIPLIER FOR GOOD

At the heart of our Action Agenda is unequivocal recognition that prioritizing optimal nutrition for women and girls of all ages opens pathways to greater opportunities and achieves a positive ripple effect for women, their communities, and nations. Gap closers who have signed on to this agenda urge decision-makers to recognize how investments in women's and girls' nutrition are a bedrock for resilient people, societies, and economies and lead to better health, immunity, and productivity and reduced health care burdens. The estimated cost of poor human health tied to unhealthy and unsustainable food is $11 trillion.[40]

Leading economists consistently rank nutrition among the most cost-effective ways to improve lives around the world.[41] Not only are nutrition interventions relatively inexpensive to deliver, but they also have an extremely high return on investment. For example, every dollar invested yields an average of between four and thirty-five dollars in economic returns.[42,43] This is partly because being malnourished can reduce potential lifetime earnings by at least 10%, due to decreased education and productivity.[44] Children who are not stunted by age three are 33% more likely to live above the poverty level as adults.[45] Despite the proven health and socio-economic benefits of investing in high impact nutrition interventions, optimal nutrition for women and girls is not an elevated priority for donors or national governments. This low prioritization is partly because, often, neither the economic and social returns of investing in women's and girls' nutrition nor the impact of such investment on national development is factored into policymaking. Inattention to the great loss of human capital will continue to adversely affect the future health and productivity of nations.

TEN PRINCIPLES TO GUIDE ACTIONS AT GLOBAL, REGIONAL, AND NATIONAL LEVELS FOR CLOSING THE GENDER NUTRITION GAP

1. **Food and nutrition sovereignty** is a principle that underscores our natural and innate right to nutritious foods, especially for women and girls, who are often left behind. Governments have a responsibility to ensure that inclusive laws, regulations, marketing practices, and policies are in place and enforced to safeguard and enable equitable access to safe, affordable, and nutritious foods and access to truthful, accurate information to guide food decision-making.

2. **Actions must acknowledge the role that income inequality and poverty play and seek to address their drivers.** Women's and girls' access to nutritious foods depends on adequate incomes and access to adequate social protection, designed to support social security and employment needs.

3. **A comprehensive life cycle approach** is needed to ensure safe and optimal nutrition for women and girls of all ages. Actions must be sustained to respond to women's and girls' nutritional needs for their whole lives.

4. Supporting the agency and empowerment of women and girls is crucial for delivering on the promise of leaving no one behind in achieving the **UN's Sustainable Development Goal 5 to acheive gender equality.** Cross-sectoral programs and policies must address the formal and informal systems, laws, and policies contributing to gender inequality and malnutrition and empower women and girls to reach their full potential.

5. Actions to address women's and girls' nutrition **must take a multi-system delivery approach guided by easy-to-access coherent guidance to target the nutritional gaps that are specific to women and girls**—in particular, iron-deficiency anemia and other micronutrient deficiencies, given its high global burden in this group.

6. Improving healthy diets requires the **protection and promotion of indigenous knowledge, foods, and cultures.** Governments have a responsibility to indigenous populations to ensure that laws, regulations, and policies are in place and enforced to protect traditional practices and customs, especially those positively impacting health and biodiversity.

7. **A commitment to sustainable, flexible, and innovative financing** is needed beyond short-term funding cycles. **Greater risk sharing** between donor governments, multilateral institutions, country governments, and international partners is required to build sustained, investible deals for nutrition. Gender-responsive budgeting can assist in achieving a balanced focus on priority investments, including investment in resourcing interventions to support women's and girls' nutrition.

8. **Develop norms-responsive programs and policies to engage men, boys, and broader communities to support women's and girls' nutrition and address harmful social and gender norms.** Women and girls alone cannot be responsible for improving their nutrition. Positively engage men, boys, and family members through local platforms to facilitate supportive social norms and behavior changes to improve nutrition outcomes without compromising women's and girls' autonomy.

9. The **unpaid care economy and the fact that women are responsible for 60—80% of food production** continue to be overlooked with respect to the immense role of women and girls in global economic and food systems, and these systems disproportionally discriminate against women and girls. Actions to enable gender equality must recognize the value, time, and energy requirements of unpaid work by women and girls, alongside efforts to reduce and redistribute responsibilities while protecting and investing in aspects of care that benefit women's health and nutrition, such as breastfeeding.

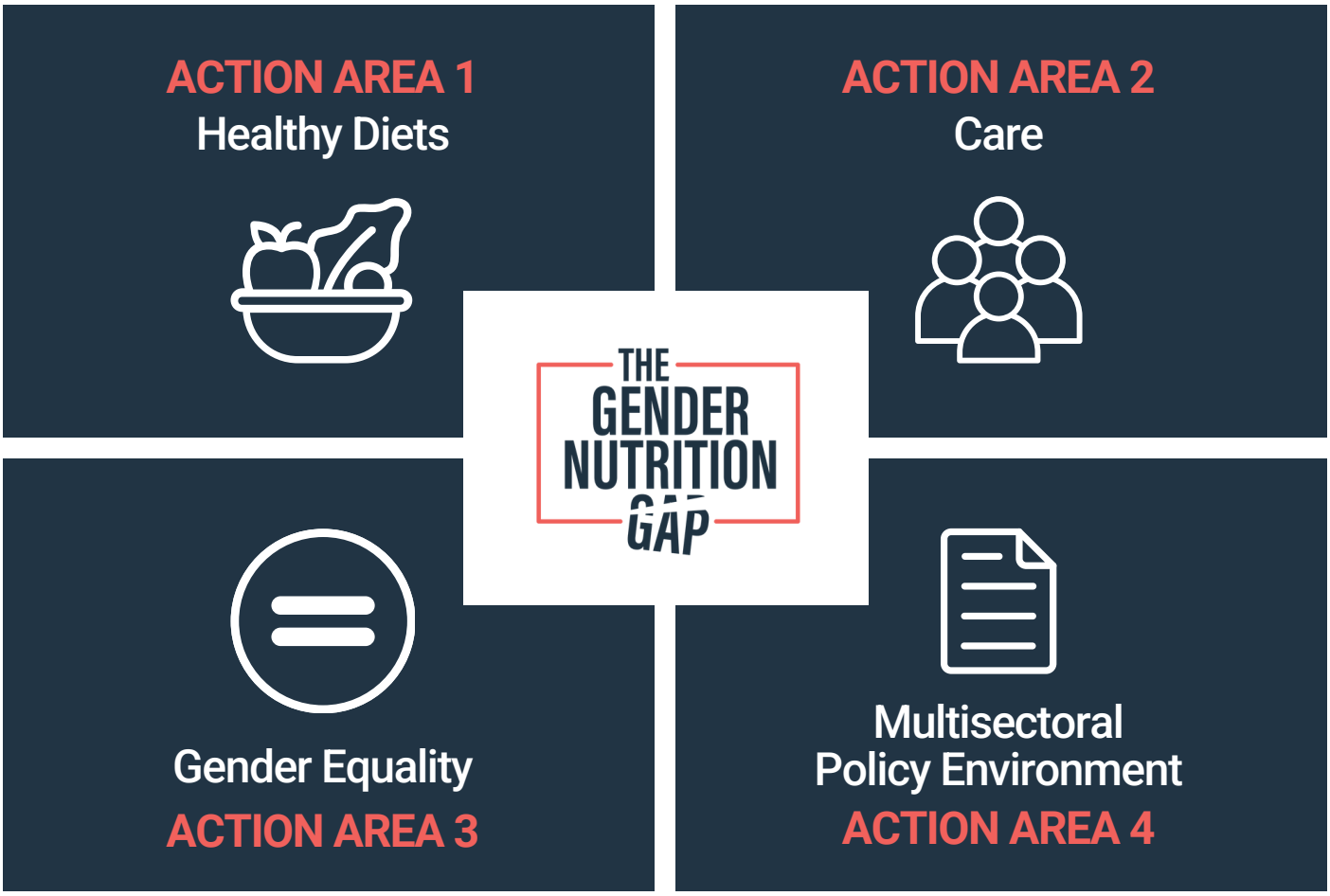
10. Actions should be based on **high-quality, routinely available, and reliable data** in line with the UN's Sustainable Development Goal (SDG) 17.18, which recommends efforts to increase the availability of data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, and geographic location.

CLOSING THE GENDER NUTRITION GAP: A FRAMEWORK FOR ACTION

The four-part Framework for Action (see figure 1) is designed to address the Gender Nutrition Gap, which is how women's and girls' unique biological needs, disparities in access to food and services, and harmful social norms have a bearing on their health and economic outcomes.

Malnutrition for women and girls is rooted in sectors as diverse as health, gender, climate, food systems, social policy, and education. Yet, these sectors are also the spaces where solutions exist. The nutrition of women and girls encompasses more than access to safe and affordable nutritious foods and requires access to a range of services, empowerment, and decision-making opportunities. This Action Agenda demands policy action in four areas: access to healthy diets, a strengthened care system, gender equality, and a multisectoral policy environment for women's and girls' nutrition.

FIGURE 1: Closing the Gender Nutrition Gap Across Four Action Areas



ACTION AREA 1: HEALTHY DIETS

Healthy diets are a critical component of good nutrition.

Today, we are in the middle of a global food crisis with hyperinflation and poorly functioning (food) supply chains, compounded by wars and conflict and the lingering effects of the COVID-19 pandemic, making healthy diets hard to maintain. Prohibitive food costs and insufficient availability of nutritious foods in many local markets, combined with aggressive marketing of cheaper and readily available ultra-processed foods, also conspire to make healthy diets inaccessible. To make healthy diets more attainable and desirable, we must consider socioeconomic context, individual economic freedoms, preferences, and the broader context, in addition to promoting behavior change programs. Women often lack full agency in intrahousehold food allocations and other decisions due to social and gender norms, inequitable family dynamics, and socio-economic factors (e.g., income, access to education, social support).[46]

Today's global food systems do not provide affordable and nutritious food to everyone; they require a systematic overhaul. Additionally, there are actions and policies that, if implemented, could result in improved nutrition and health outcomes with potential cost savings for individuals, households, and governments in the long run. Policies and programs would benefit from greater recognition that the linkages between food systems and women's and girls' nutrition are interdependent.

Women and children experience food insecurity and malnutrition due to lack of access to, and unaffordability of, diverse, and healthy diets. This further reduces the extent to which food systems could benefit from women's and girls' leadership and custodianship, including upholding indigenous knowledge and practices that protect biodiversity. To rectify this, the Global Food 50/50 Initiative is an accountability mechanism that advocates and decision-makers can use to advance gender equality in food systems.

When it comes to health, food, and nutrition, women's and girls' voices must be at the center of solutions. In 2019, as part of the What Women Want campaign, sponsored by the White Ribbon Alliance, one million women each named their top priority for their maternal and reproductive health. Healthy food, proper nutrition, and related information emerged as a top demand, with an emphasis on quality and hygienic food, especially for pregnant and postpartum women. The campaign has generated forty-five policy changes to date.

The Healthy Diets section in the Framework for Action, detailed below, identifies actions that support global and national systems to make healthy diets more available, accessible, affordable, and desirable for all women and girls.

ACTION AREA 1: HEALTHY DIETS		
GOAL FOR ACTION AREA 1: Safe, nutritious foods are available, accessible, and affordable for all women and girls		
1.1 Make healthy diets possible		
1.1.1 Expand availability and accessibility of safe and nutritious foods for all		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Diet is an immediate determinant of nutrition, and poverty reduces availability and access to healthy foods.[47] Good diets support good nutrition for women and girls. Eating a healthy diet is difficult without the availability and accessibility of safe and nutritious foods. Yet, the food environment is stacked against safe and nutritious foods. Policies should make healthy diets an easier choice. Healthy diets for women and girls require that safe, nutritious foods be available, affordable, and accessible (socially, physically, and economically) to all women and girls.[48]	• Include the production of diversified, nutritious foods as a priority in agriculture and agri-food-related sectors, policies, and strategies, and focus on rights and inclusion of smallholders and indigenous farmers.	Government, Ministry of Agriculture, private sector
	• Intensify efforts to make social and behavior change strategies and interventions widely available to reach women, girls, and the public to create demand for healthy diets and increased consumption of nutritious, affordable foods, including indigenous foods.	Government, media, national and subnational organizations
	• Hold influential food and agricultural companies accountable for producing safe and nutritious food.[49]	Government, national and subnational organizations, development partners and UN agencies
	• Improve the regulatory and policy environment for nutritious foods, and fortified and biofortified foods, through subsidies, enforcements, standards, restrictions on harmful marketing, and other measures.	Government
	• Develop or strengthen policies and guidelines to ensure safe and nutritious foods are available for women and girls in humanitarian and other fragile contexts.	Government, UN agencies

1.1.2 Increase affordability of safe and nutritious foods for all		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Diet is an immediate determinant of nutrition. Good diets support good nutrition for women and girls. Eating a healthy diet is difficult without affordable, safe, nutritious foods.[50] Yet three billion people, almost 40% of the world's population, cannot afford a healthy diet.[51] Many foods, including fruits, vegetables, and animal-source foods, are too expensive to eat daily.[52] The Food and Agriculture Organization of the United Nations (FAO) distinguishes between energy-sufficient, nutritious, and healthy diets, with diets that meet only energy needs five times more affordable than healthy diets.[53] Healthy diets are harder to attain but meet energy and nutrient requirements while including a balanced, diverse intake of foods.[54] Further, as evidenced by the World Food Programmme's *Fill the Nutrient Gap* analysis, nutrient needs vary within the household, with costs of meeting the nutrient requirements of young children, adolescent girls, and pregnant and lactating women higher than for other members of the household.[55]	• Where public investment is not more cost-effective, establish mechanisms to incentivize private investment in local companies that produce nutritious foods that are affordable. • Incentivize local production of fresh foods missing from women's and girls' diets; identify and support women producers. Conduct research to learn from existing examples. • Adopt and implement policies to encourage consumption of healthy foods, including financial incentives (subsidies and transfers of healthy foods such as fruits and vegetables) and social protection programs that increase the affordability of nutritious foods for those most at risk. • Improve the distribution of fresh, diverse foods: Adopt regulations to encourage and sustain local markets where women can purchase fresh foods at affordable prices by investing in suitable local infrastructure for women's and girls' particular needs, including food safety infrastructure such as cool storage, training on food safety, and improved branding and marketing of low-processed (locally produced) foods. • Ensure social protection mechanisms are in place to make healthy, affordable diets available for all women and girls. In contexts where formal social protection mechanisms do not exist or do not function, humanitarian cash assistance should be tailored for nutrition (e.g., linked with purchasing fresh foods or nutritious supplementation, when possible), which will help ensure access to affordable, nutritious foods for most vulnerable and malnourished women and girls.	Government, Ministry of Agriculture, private sector, philanthropy Private sector, government, Ministry of Agriculture, academia and research groups, entrepreneurs, social impact investors, tech innovators Government, Ministry of Health, Ministry of Social Affairs, entrepreneurs, social impact investors, tech innovators Government, private sector Government, national and subnational organizations, development partners, and UN agencies
1.1.3 Improve equitable power dynamics and decision-making on food purchases and consumption		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Availability, accessibility, and affordability of safe and nutritious foods does not guarantee a healthy diet for women and girls. At the household level, women often lack full agency in intrahousehold food allocations and decisions due to social and gender norms, inequitable family dynamics, and socio-economic factors (e.g., income, access to education, and social support).[56]	• Support gender-transformative interventions that promote gender equality and support shifting/challenging norms that act as a barrier to women's and girl's right to healthy diets and nutrition (e.g., decisions on household food allocations and purchases). • Adopt interventions to develop infrastructure that makes local markets safe and easy to access so that women can purchase fresh foods at affordable prices (e.g., safe and child-friendly transport to and from markets, women's toilets at markets, involvement of women's groups). • Adopt interventions that promote women's economic empowerment.	Ministry of Health, Ministry of Women Affairs, Ministry of Education, national and subnational organizations, media Government, national and subnational organizations, private sector Government, national and subnational organizations, UN agencies

1.2 Strengthen regulation around harmful food marketing practices that take advantage of consumers		
1.2.1 Restrict marketing exposure to ultra-processed foods		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Increases in unhealthy eating practices are occurring throughout most of the world.[57] Sales of ultra-processed foods (UPFs) and beverages are rapidly rising and now account for about half of total energy intake by women in high-income countries.[58, 59, 60, 61, 62, 63] Comparative data from low- and middle-income countries are scarce due to glaring data gaps. Aggressive marketing and pervasive availability of UPFs, combined with time pressures, urbanization, and convenience, are causing unhealthy shifts in dietary practices.[64, 65]	• Adopt, implement, and monitor national policies and legislation to restrict the marketing and advertising of unhealthy foods such as UPFs and sugar-sweetened beverages and milk formula products targeting pregnant or lactating women. These policies should include fiscal policies (e.g., taxation on sugar-sweetened beverages) and regulatory actions (e.g., a ban on the marketing of unhealthy foods and beverages to children and adults, including adolescent girls and women of all ages). • Implement mandatory front-of-pack nutrition labeling through evidence-based legislation supported by effective implementation. As a starting point, *WHO's Guiding Principles and Framework Manual for Front-of-Pack Labelling for Promoting Healthy Diets* can be used by national governments in developing and implementing front-of-pack labeling systems.	Government, parliament, regulatory bodies Government, regulatory bodies
1.2.2 Counter the aggressive marketing of the commercial milk formula industry		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
The commercial milk formula (CMF) industry's aggressive marketing undermines efforts to promote and support breastfeeding.[66] This type of marketing violates the International Code of Marketing of Breastmilk Substitutes (BMS Code), adopted in 1981 at the World Health Assembly, and subsequent resolutions, which protect infants and young children from inappropriate marketing of BMS, bottles, teats, and other products within its scope. Member states are responsible for adopting the BMS Code in national legislation.[67]	• Incorporate the BMS Code and its subsequent resolutions into national laws and regulations, monitor national legal measures, and enforce violations. Countries that have not yet enacted legal measures on the Code should recognize their obligations under internal human rights law and international agreements, and countries that have not revised their laws or legislation in recent years should update their legal measures. The WHO/EURO model law is a tool to strengthen national regulatory frameworks. Additionally, countries must allocate adequate budgets and human resources for Code monitoring and enforcement. • Advocate for the BMS Call to Action, and call on all CMF companies and other companies providing foods for infants and young children to publicly commit to full compliance with the BMS Code and subsequent resolutions, and to disclose a plan for achieving this by 2030 with clear incremental steps. • Implement multi-channel social and behavior change interventions targeting families, community leaders, health workers, employers, and media to ensure an enabling environment for breastfeeding that can counter the marketing of the CMF and the related baby food industry. Donors should invest in multi-channel social and behavior change interventions, and government should allocate adequate budgets for implementation in relevant line ministries.	Government National and subnational organizations, development partners and UN agencies, investors, and media Government, donors, national and subnational organizations, development partners, and UN agencies

1.3 Make healthy diets more desirable than unhealthy ones		
1.3.1 Promote healthy dietary practices and empower consumers with information to adopt them		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
With aggressive marketing promoting the taste, convenience, and attractiveness of (unhealthy) commercial foods, stronger efforts are needed to be made to increase desirability of healthy options and decrease desirability of unhealthy ones. There is a lack of information available to consumers to clarify how their diets impact their health and help themunderstand the benefits of healthy dietary practices.[68, 69]	• Develop national food-based dietary guidelines to guide consumer choice and drive standards across multisectoral policies and programs (food systems, agriculture, education, health policies, and programs) that include women's and girls' nutrition needs throughout the lifecycle. • Use audience-informed multiple communication channels to reach women, girls, and the public with advice on nutrition and care practices and how to increase the desirability of nutritious foods and decrease the desirability of unhealthy foods. • Run audience-informed social and behavior change communications campaigns on healthy diets at the community level, in schools, and at primary health care facilities.	Government Ministry of Health, Ministry of Education, Ministry of Gender Affairs, media, national and sub-national organizations Ministry of Health, Ministry of Education, Ministry of Gender Affairs, media, national and sub-national organizations
1.3.2 Make healthy diets convenient		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Women's lifestyles are changing, and unhealthy diets are marketed to them as being easy, convenient, desirable, and readily accessible, while healthy diets are often more challenging to acquire and time-consuming to prepare.	• Enable the processing and distribution of safe, nutritious foods in easy-to-consume, convenient forms to reflect local preferences and tastes through training, access to equipment, skills development, business development services, marketing and branding services, and customer demand creation. • Run audience-informed social and behavior change communications campaigns across multiple communication channels (such as television, radio, social media, outdoor advertising, and public transport) that address drivers of food choice and demonstrate the benefits of healthy food choices, encourage uptake, and empower women and girls to make informed, healthy choices about their diets.	Government, Ministry of Agriculture, entrepreneurs, social impact investors, tech innovators Ministry of Health, Ministry of Education, Ministry of Gender Affairs, media, national and sub-national organizations
1.3.3 Protect and support breastfeeding as the first food		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Breastmilk is the first food and is a vital part of the first-food system. Evidence highlights the importance of breastfeeding for the health and well-being of individual children and breastfeeding women, as well as its significant impact on the health, development, and wealth of nations.[70] Yet, only 48% of infants under six months worldwide are exclusively breastfed, as recommended by WHO.[71]	• Develop regulations and programs to expand access to quality breastfeeding counseling before, during, and after childbirth and services managing small and/or nutritionally at-risk infants under six months, such as implementing the Baby Friendly Hospital Initiative launched by WHO and UNICEF. • Adopt family-friendly policies, including maternity protection policies—paid maternity leave, paid breaks to breastfeed, dedicated space to breastfeed/express milk—to support a mother's ability to breastfeed in the formal and informal sector (see also under 3.5). • Develop or strengthen national policies and guidelines for infant and young child feeding in humanitarian contexts to protect breastfeeding in the face of emergencies.	Government, donors, private sector Government, private sector Government, development partners, and UN agencies

IMPACT STORY

Preserving and rehabilitating local fresh food markets for resilient food systems: an example from Hanoi

Local food markets can be protected when engaged advocates make a compelling argument to government. Hanoi's original name was "Marketplace", due to the vast longstanding network of markets that exist in the city and in villages in the surrounding rural areas. In 2011, the city government introduced a policy that would have shut down many traditional markets and replaced them with shopping centers. In response to this challenge, HealthBridge Foundation of Canada conducted research and created maps to demonstrate the impact this policy would have and how the closures would radically change the food environment in Hanoi. In a series of meetings co-organized with the government-run *Trade Magazine,* HealthBridge Foundation of Canada shared their results with a network of experts who were invested in protecting and preserving local markets, including local architects, agriculture and market experts, economists, and health advocates. Together, this group made the case to local policymakers for maintaining local markets in neighborhoods where those were already operating and opening markets in new communities.

HealthBridge Foundation of Canada also worked with the media and with a women's group to set up an exhibition about traditional Hanoian markets and their importance to local women. Their advocacy focused on the economic impact market closures would have on the vendors, how markets create social networks, and the role they play in retaining the character of the old city and attracting tourists in a place where earnings from this sector represented 14–15% of GDP in 2013.[72] Highlighting the impact and laying out a solution raised the interest of the national government, which has since begun revising its market policy. This helped keep markets open, protecting the livelihoods of more than 2,700 vendors, which had a ripple effect on small-scale farmers, many of them women, who supply the produce.

This example demonstrates the power of local and national collaboration, highlighting how local marketplaces bring catalytic value to communities.

Source: Strengthening Local Fresh Food Markets for Resilient Food Systems, World Union of Wholesale Markets, World Farmers Markets Coalition, HealthBridge Foundation of Canada, United Cities and Local Governments, Local Governments for Sustainability, Regional Governments for Sustainable Development, Global Alliance for Improved Nutrition and Food and Agriculture Organization of the United Nations. 2020. https://www.gainhealth.org/sites/default/files/publications/documents/Strenghtening-local-fresh-food-markets-for-resilient-food-systems.pdf

ACTION AREA 2: CARE

The maternal health and maternal nutrition agendas are mutually reinforcing and, with greater collaboration, both will succeed. Integrating nutrition into MNCH services saves lives.

Decades of research inform the 2016 WHO guideline, *Recommendations on Antenatal Care for a Positive Pregnancy Experience* (with subsequent updates), which incorporates essential high-impact maternal interventions, including nutrition counseling during pregnancy, iron and multiple micronutrient supplementation, and access to nutrition services, into ANC platforms.[73] These service delivery contacts are vital for reaching pregnant women with high-impact nutrition interventions. Routine nutrition counseling integrated into ANC services improves diet, adherence to micronutrient supplements, and food security in pregnant women.[74, 75]

Seven years after the release of the 2016 WHO ANC guidelines, many countries have yet to fully adopt all relevant recommendations. For example, in rural and remote communities, access to health facilities with ANC is challenging, as reflected in the concentration of reported anemia and underweight in poorer regions. Today, only 32% of countries are delivering iron supplements through community-based platforms.[76]

While implementation of the WHO ANC guidelines is slow, MNCH and nutrition communities share daily challenges in coverage, adequacy, and quality of service delivery and in advocating for budget allocations and accountability.

Through effective integration and connection of services, barriers can be more easily overcome, generating greater efficiencies, improving quality of care, and accelerating progress toward global goals. Elevating maternal nutrition within national maternal health care systems and scaling proven maternal interventions saves lives.

When we add nutrition, we support OBGYNs, midwives, and frontline health workers by providing new tools to deliver more holistic care for women and their newborns. Combining the power of maternal and newborn health and nutrition will have a force-multiplier effect, improving quality of care and accelerating lasting progress towards shared goals.

A package of MNCH interventions, including iron supplementation, with high-quality delivery could cut maternal and newborn deaths by 28% and reduce stillbirths by 22%.[77]

Investing in breastfeeding is one of the best investments a country can make. A $1 investment in breastfeeding yields $35 in economic returns in low- and middle-income countries.[78]

We must both deliver maternal nutrition interventions to women seeking care and go further to reach those who are not. Globally, women and girls continue to face disproportionate physical, social, and economic barriers to accessing health and nutrition services, with the unequal burden of care imposed on women being a major contributor. According to the International Labour Organization, women and girls are responsible for providing three times as much unpaid care work as men.[79]

Integrating nutrition into health and social protection systems has a multiplier effect.

UN Women recently called for universal social protection systems, including paid maternity and parental leave and child and family transfers.

Yet, domestic responsibilities and childcare hold women back from formal employment and critical social schemes. Worldwide, women are at the heart of an unrecognized, unpaid care economy—taking care of their children, families, and communities, alongside other responsibilities and work. Breastfeeding is one such critical role. Recognition, reduction, and redistribution of women's unpaid care work is critical to achieving gender equality.[80] In the case of breastfeeding, redistribution of other responsibilities, with the support of policies such as paternity leave, can help offset the time required; reduction in breastfeeding should not be a goal.[81]

In addition, workforce laws and policies can improve the health and nutrition of all staff across all ages, which in turn yields improved productivity and output. This improvement occurs in all sectors, such as in the agricultural sector in Bangladesh, where women make up more than 50% of the labor force.[82] When it comes to maternal nutrition, maternity protection in labor force laws can safeguard the nutrition of mothers and their infants well beyond childhood.

The disproportionate burden of poverty on women and children requires nutrition-sensitive social protection programs that play a crucial role in poverty reduction and improved food and nutrition security. In practice, nutrition services need to be available to women and girls at all stages of life, and, importantly, should reach adolescent girls and women of reproductive age who are not pregnant or lactating. As UNICEF explains, "Nutrition services and social protection programs are failing to meet the nutrition needs of adolescent girls and women, especially in humanitarian contexts. Nutrition services are not reaching adolescent girls and women with adequate coverage and equity. Only two in five pregnant women (43%) benefit from iron and folic acid supplementation for the prevention of maternal anemia, and only twenty-nine low- and middle-income countries provide antenatal multiple micronutrient supplements, which are a standard of care in most high-income countries." [83]

In humanitarian settings, separate coordination, implementation, and funding structures for nutrition and health encourage siloed programming, resulting in missed opportunities for cross-sectoral collaboration, continuity of care, and improved outcomes.

> **"Women of reproductive age and early adolescents must be addressed as an integral part of the life-cycle approach, whether you are dealing with anemia, nutrition, or maternal and child health outcomes."**
>
> - A participant in interviews with stakeholders across the maternal health community.

The Care section in the Framework for Action below details proposed steps to further integrate nutrition and health services further, and to build social protection systems that are more people-centered and gender-sensitive, in recognition of intersecting forms of vulnerability and inequality.

ACTION AREA 2: CARE		
GOAL FOR ACTION AREA 2: INTEGRATE NUTRITION INTO CARE SYSTEMS (HEALTH AND SOCIAL PROTECTION)		
2.1 Improve coverage and reduce inequities in health and nutrition service delivery		
2.1.1 Integrate essential nutrition interventions into antenatal care (ANC)		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
ANC provides a vital platform for reaching pregnant women with high- impact nutrition interventions proven to prevent and control malnutrition.[84,85] In 2016, WHO released its *Recommendations on Antenatal Care for a Positive Pregnancy Experience* guideline, and subsequent guideline updates in 2020, 2021, and 2022, forming a consolidated set of health and nutrition recommendations for antenatal care.[86] Seven years after the release of the 2016 WHO ANC guidelines, 26% of countries have yet to fully adopt all relevant recommendations.[87]	• Adopt, monitor, and close gaps on the implementation of the WHO *Recommendations on ANC for a Positive Pregnancy Experience* and subsequent guideline updates. • Recognize breastfeeding as integral to the reproductive continuum and essential for healthy nutrition of mother and child. • Tailor the WHO guidelines on ANC to address the unique needs of adolescent girls.	Government, Ministry of Health Ministry of Health, development partners, and UN agencies Ministry of Health, UN agencies
2.1.2 Target all women and girls, not only mothers, with interventions to prevent, detect, and treat malnutrition in all its forms		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
All women and girls have an innate right to good nutrition. Essential components of women's and girls' nutrition exist throughout the life-cycle and are not limited to only maternal nutrition.[88]	• Revise nutrition service protocols to modify and standardize nutrition service delivery points and practices to accommodate the needs and preferences of girls. Modifications should cover essential nutrition services, including nutrition screening, counseling on dietary practices and physical activity, and supplementation. • Develop innovative entry points and care pathways to identify and support women and girls at heightened risk and in need of support, such as services targeting small or nutritionally at-risk infants under six months. • Issue global guidance on optimal, context-specific mid-upper arm circumference (MUAC) cutoffs for wasting in women and adolescent girls (not only pregnant and lactating women). • Fund research to document what package of ANC (and prenatal care) services best supports nutrition and health outcomes in adolescent girls, including the optimal delivery platforms(s) and cost-effectiveness.	Ministry of Health, health system decision-makers, care providers Ministry of Health, health system decision-makers, care providers Ministry of Health Donors, Ministry of Health, development partners and UN agencies, academia, and research groups

2.1.3 Integrate nutrition counseling beyond pregnancy for all women of reproductive age		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Many countries have policies and service protocols that include nutrition counseling, which is universally recommended by WHO for all pregnant women.[89] Yet coverage and quality of nutrition counseling are uneven, and nutrition counseling for non-pregnant women of reproductive age is not prioritized.[90, 91, 92]	• Maternal nutrition counseling beyond ANC: Strengthen existing contact points and referral mechanisms for women within health and nutrition policies and revise as necessary to include multiple contact points in service delivery, from preconception to ANC, including childbirth, postnatal care, immunization, and growth monitoring and promotion contacts, well baby and sick child visits, and wasting treatment services.	Ministry of Health, health system decision-makers
	• Translate these changes into standardized service delivery with required resources for implementation.	Ministry of Health, health system decision-makers, private sector
	• Nutrition counseling beyond maternal nutrition: Revise nutrition and health policies to include nutrition counseling in adolescent health clinics during the preconception period, through family planning contacts and through contacts for women seeking reproductive and sexual health services.	Government, Ministry of Health, health system decision-makers
	• Translate these changes into standardized service delivery, with required resources for implementation.	Ministry of Health, health system decision-makers, private sector
	• Invest in community services and cadres that can carry out quality counseling.	Ministry of Health, health system decision-makers
2.1.4 Include nutrition as a central element in all efforts to achieve Universal Health Coverage (UHC)		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
UHC cannot be achieved without ensuring that women and girls have access to quality nutrition services.[93] Malnutrition increases the risk of infectious diseases, noncommunicable diseases, and maternal and neonatal death.[94] The costs of treating malnutrition are not high. Nutrition services are among the health interventions that save the most lives and prevent disease while giving the highest return on investment. Every dollar invested yields, on average, between four and thirty-five dollars in return.[95]	• Affirm policy and financial commitments to integrate of nutrition interventions into national UHC roadmaps and plans.	Government, Ministry of Health, Ministry of Finance, development partners and UN agencies
	• Expand effective coverage of essential nutrition actions through the health system, where possible, and through alternative delivery platforms where health systems are not functioning (in emergency and fragile settings), focusing on reaching those most often left behind (women and girls).	Ministry of Health, health system decision-makers

2.2 Improve health service quality		
2.2.1 Improve nutrition counseling on dietary intake, consumption of supplements, and care		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Historically, investment in improving the quality of nutrition counseling on diet and care has been low. Counseling, including on counseling on breastfeeding, has been proven to have a positive impact on care, dietary practices, and the nutritional benefits of child spacing[96, 97, 98]	• Adopt quality nutrition counseling standards and allocate funding to build the capacity of skilled health workers. • Include nutrition in the curriculum of key health workers at all levels.	Ministry of Health, development partners, and UN agencies Ministry of Education, professional associations
2.2.2 Increase availability and promote use of supplements (iron, folic acid, multiple micronutrient supplementation)		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Supplements (iron, folic acid, and multiple micronutrient supplementation) are part of the core nutrition package. Progress in meeting the global anemia target is off course. Anemia prevalence has shown no decrease or is worsening in 161 countries.[99]	• Include the UN International Multiple Micronutrient Antenatal Preparation formula in the essential medicine list. • Invest in training health workers, particularly community health workers, in supplementation guidelines and counseling skills. • Close the gap in the number of women who receive ANC and adhere to supplements during pregnancy by ensuring an effective supply of supplements and counseling by health workers. • Support governments in making an informed decision on the potential effectiveness/cost-effectiveness of switching from iron and folic acid supplementation to multiple micronutrient supplementation in their national protocols.	Ministry of Health Ministry of Health, Ministry of Finance, professional associations, development partners and UN agencies Ministry of Health, health system decision-makers, care providers WHO, other UN agencies, development partners
2.2.3 Promote and reinforce optimal infant and young child feeding practices		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
The WHO recommends exclusive breastfeeding for the first six months of life and continued breastfeeding for two years and beyond, with nutritious and safe complementary foods starting at six months. Breastfeeding promotes improved child survival, women's and children's health, and human capital outcomes. Appropriate complementary feeding contributes to child survival, growth and development, and lower risk of micronutrient deficiencies and noncommunicable diseases later in life.[100, 101]	• Monitor implementation of WHO's *International Code of Marketing of Breast-Milk Substitutes* and national legal measures. • Scale up infant and young child feeding counseling at health facilities and community-based services as recommended in WHO guidelines on breastfeeding counseling. • Prevent commercial influence on health care providers through adequate public funding of preservice education and professional training in infant and young child feeding, especially breastfeeding.	Government; Ministries of Health/Trade and Commerce, Food and Drug, Information and Communication; customs and border inspectors; national and subnational organizations Ministry of Health, health system decision-makers Government, professional associations

2.3 Increase utilization of health and nutrition services		
2.3.1 Address barriers to care seeking		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Women and girls face disproportionate physical, social, and economic barriers to accessing nutrition services.[102] The unequal burden of care imposed on women globally is a major contributor to this inequality. According to the International Labour Organization (ILO), most care work is unpaid and attributed to women and girls, who in 2018 were responsible for three times as much unpaid work as men.[103] This and other barriers keep women and girls from appropriate care-seeking and minimize their utilization of health and nutrition services.	• Government must ensure that systemic barriers are addressed, particularly among the most disadvantaged girls and women and strengthen accountability mechanisms at community, district, and national levels for greater access to quality service delivery. • Breakdown barriers to care seeking (beliefs, social status, cost, distance, lack of awareness, lack of service integration, inadequate quality, or disrespectful care). • Increase scope, capacity, and protection for frontline health workers, who are often the most connected with and trusted in rural areas.	Government, Ministry of Health, health system decision makers National and subnational organizations, development partners and UN agencies Ministry of Health, development partners and UN agencies
2.3.2 Expand delivery platforms through community-based platforms and invest in community workforce		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Access to health facilities with ANC is challenging in rural and remote communities.[104] Anemia and underweight are concentrated in poorer regions. South Asia and sub-Saharan Africa are home to approximately two-thirds of adolescent girls and women who are underweight (68%) or have anemia (60%).[105] There is inadequate investment in community-based programming and workforces. Only 32% of countries are delivering iron supplements through community-based platforms.[106]	• Invest in health extension services: allocate budgets for training and wider coverage of extension services. • Scale up health extension services with proven impact (e.g., India's ASHAs and Ethiopia's "Women's Development Army"). • Support upward mobility for women in the health care, nutrition, and social protection systems do most of the community-based/caregiving work and are skilled (and receive nutrition and health education in their caregiving roles) but are denied paid work.	Ministry of Health, Ministry of Finance Ministry of Health, development partners and UN agencies Ministry of Health, Ministry of Social Affairs, Ministry of Women's Affairs, development partners and UN agencies

SOCIAL PROTECTION		
2.4 Intentionally design and strengthen social protection systems to be nutrition- and gender-sensitive to address intersecting forms of vulnerability and inequality		
2.4.1 Improve the coverage, adequacy, comprehensiveness, quality, and responsiveness of social protection systems to mitigate malnutrition and vulnerability		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Social protection, done right, is a powerful lever for improving nutrition and social inclusion by adequately and comprehensively reaching underserved populations and addressing both their practical and personal aims for livelihood development and security needs, reducing risks, and building long-term resilience. Social protection is a catalyst for other sectors, and existing programs serve as a platform for implementing nutrition-sensitive interventions to address the needs, risks, and inequalities faced by women and girls.	• Revise/adopt and implement social protection policies and programs that better recognize the linkages between social protection and food security and nutrition and: ◦ ensure social protection mechanisms specifically address the multiple burdens of malnutrition; ◦ adopt a lifecycle approach, recognizing the specific needs and risks faced by women and girls at different stages of their lives, including the importance of maternity leave and breastfeeding breaks for reproductive health; ◦ adopt a gender-sensitive and intersecting-inequalities lens; ◦ integrate men and masculinities into the adoption of a gender-relational lens in policy and programming; ◦ focus on the social, economic, and physical access to healthy, safe, nutritious food rather than just availability of food, including for early nutrition; and ◦ adopt a multisectoral and capabilities approach to development. • These initiatives can be supported by the implementation of policies with double-duty actions. Such policies include those that simultaneously address undernutrition and mitigate the risk of obesity and diet-related noncommunicable disease such as enhanced dietary diversity or promotion of breastfeeding.	Government, Ministry of Social Affairs, Ministry of Women's Affairs

2.4.2 Increase social inclusion and gender sensitivity in social protection systems to recognize women's and girls' specific risks and support their economic empowerment		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Women are beneficiaries of social protection in their own right based on their unpaid work rather than being treated as mere recipients or conduits as mothers and caregivers, or as paid workers. The social transfer and the instrument used to accomplish it need to be adequate in amount and frequency to address poverty, food insecurity, and all forms of malnutrition (particularly considering the unaffordability of healthy diets). These requirements are critical since social transfers are shown to improve women's dietary diversity and consumption of nutritious foods.[107, 108, 109] Only 21% of the poorest receive social transfers in low-income countries, compared to 73% in high-income countries.[110] Domestic responsibilities and childcare hold women back from formal employment and, as a result, from critical social schemes such as pensions. UN Women recently called for universal social protection systems, including paid maternity and parental leave and child and family transfers. The gender gap in food insecurity rose in 2021—31.9% of women were moderately or severely food insecure compared to 27.6% of men (a gap of more than 4%, compared to 3% in 2020).[111] The COVID-19 pandemic exacerbated the burden of care for women.[112]	• Develop policies with a gender-transformative approach to span social assistance, social insurance, and labor market interventions: ◦ Social assistance: Consult women in affected populations and develop guidelines to design cash transfers, in-kind transfers, and public work programs that respond to their expressed needs (e.g., the Productive Safety Net Program (PNSP) framework in Ethiopia, redesigned to address needs more accurately). ◦ Social insurance: Adopt policy that expands access to schemes covering costs related to maternity, child support, unemployment, pension, disability, and disaster. ◦ Labor market interventions: Adopt policies to expand access to maternity benefits and paternity leave. Adopt a maternity protection policy for all mothers in all sectors, and include parental leave.	Government, development partners, and UN agencies

IMPACT STORY

Integrating maternal nutrition into antenatal care platforms is feasible and improves nutrition practices: Examples from Burkina Faso, Ethiopia, and India

While the governments of Burkina Faso, Ethiopia, and India were reviewing overall ANC services in light of the 2016 WHO ANC guidelines, Alive & Thrive engaged them to study if and how nutrition interventions could be streamlined in ANC. Alive & Thrive provided technical assistance to governments in each country to develop and implement a package of evidence-based nutrition interventions to be integrated into ANC services, covering four components: counseling on dietary diversity and quality, iron folic acid (IFA) and calcium supplementation and counseling; weight gain monitoring and counseling, and counseling on breastfeeding.

Government health officials were engaged in every step of the process—from designing the interventions to reviewing initial results, to developing ideas for scale-up—ensuring buy-in and ownership.

In each country, study results showed that integrating nutrition interventions into the ANC platforms was feasible and that doing so led to positive impacts on maternal nutrition outcomes.

That conclusive implementation research, combined with the high engagement of government authorities, is resulting in policy change: In Burkina Faso, the Ministry of Health is now developing a national plan to progressively offer the package nationwide and mobilize adequate resources. The state of Uttar Pradesh, India, where the package of interventions was implemented, started integrating and prioritizing maternal nutrition protocols in their ANC platform. In Ethiopia, the government is revising maternal nutrition guidelines based on implementation research.

Notably, the experiences of these three countries are replicable and adaptable to other settings: "With these experiences, we further clarified the common barriers across countries that needed to be addressed and the strategies that could be used to address them," said Tina Sanghvi, Alive & Thrive Director in Bangladesh, where Alive & Thrive had first tested the feasibility of integrating nutrition into ANC. "Most low- and middle-income countries will likely need to address these barriers, using a combination of these health-systems-strengthening and community-based strategies," she said.

Source: Alive and Thrive, 2022.

Credits: Alive & Thrive: Tina Sanghvi, Zeba Mahmud, Sebanti Ghosh, Tamirat Walissa and Gerald Zafimanjaka for intervention development, country adaptation, and implementation in four countries. BRAC (NGO): Bachera Aktar and Kaosar Afsana for initial development and feasibility testing in Bangladesh. IFPRI: Phuong Hong Nguyen and Sunny S. Kim for evaluations in four countries.

IMPACT STORY

Strengthening of social protection for food systems: Examples from Mali, Burkina Faso, and Niger

Social protection is essential in the context of Central Sahel countries, where the food security and nutritional status of populations, especially women and children, are severely compromised.

The Réponse à la crise Alimentaire au Centre Sahel (CRIALCES) project for food systems strengthening in Central Sahel (Mali, Burkina Faso, and Niger) was launched by the World Food Programme in collaboration with national governments, the private sector, and civil society. The project spans three areas—food supply, food market, and food demand—improving linkages from farm to fork.

Social protection for food system strengthening requires targeted improvement in the capability and capacity of producers of nutritious foods, such as smallholder farmers' organizations, alongside improvement in the functioning of food transformation units. The project also supports the transformation of products into complementary foods for distribution in markets and shops.

By working with regulatory authorities, the project is improving food safety and quality systems and boosting the availability of nutritious foods in local markets. Electronic value vouchers are provided to pregnant and lactating women and children ages six to twenty-three months. In parallel, enhanced social behavioral change communication activities instigate healthier food choices for men and women and proper feeding practices for their infants.

In Mali, the CRIALCES experience is being integrated into the national flagship social protection program, which already integrates market functionality analysis and food price monitoring is integrated into the information system. This allows beneficiaries to receive an adequate nutrition "top-up," which complements household cash transfers that often don't provide a large enough of a safety net to ensure adequate nutrition. This integrated assistance package is now provided to CRIALCES beneficiaries in the national social registry.

In all CRIALCES countries, national analytical capacities for monitoring markets and the prices of nutritious foods are improving, providing continuous monitoring of market prices and availability of nutritious food and contributing to adequate transfers and improved social protection targeting.

Source: Linking Nutrition and Social Protection in Western Africa, WFP, 2022. https://docs.wfp.org/api/documents/WFP-0000144570/download/?_ga=2.141157178.968449536.1683820907-85262873.1683522133

Additional Source: Food Systems in Crises: CRIALCES Project Factsheet. https://docs.wfp.org/api/documents/WFP-0000142829/download/

IMPACT STORY

Policy actions that have been taken at national level to advance women's and girls' nutrition

Multiple micronutrient supplementation (MMS): from global standard to availability at country level — a big win for mothers worldwide

The addition of prenatal MMS by WHO to its Model Lists of Essential Medicines (EML) in October 2021 marked the start of a new era for tackling maternal malnutrition and improving pregnancy outcomes for countless mothers worldwide who lack access to nutrient-dense diets or proper antenatal health and nutrition services.

The EML is a register of the minimum medicine requirements for every country's health system. Functioning health systems require high-priority medicines to be available for everyone, and the EML "lists the most efficacious, safe, and cost-effective medicines for priority conditions."

The registration of MMS on WHO's EML thus represents a significant step forward to create an enabling environment for MMS to be delivered through health systems. National drug authorities often follow WHO's normative guidance on health standards when composing their national essential medicine lists. The inclusion of MMS in WHO's EML has motivated national stakeholders and authorities to prioritize research and the review of MMS for introduction into their respective EMLs.

The addition of prenatal MMS by WHO to its EML in October 2021 marked the start of a new era for tackling maternal malnutrition and improving pregnancy outcomes for countless mothers who lack access to guidance provided by WHO in 2020 on antenatal care, which recommended the use of MMS containing iron and folic acid "in the context of rigorous research." Countries such as Bangladesh, Burkina Faso, Tanzania and Madagascar have kick-started implementation research—a critical step for approval and integration of MMS into health services.

In the Philippines, for example, where MMS is not yet included in the National Drug Formulary (equivalent to a national EML), a rigorous process for its approval by the Ministry of Health is now underway, following WHO's policy change to the EML. This process includes implementation research with leading expert groups, including the Nutrition Center of the Philippines, UNICEF, Vitamin Angels, World Vision Foundation, Royal DSM and Sight and Life, who are collaborating to generate data on the feasibility and acceptability of MMS to support the inclusion of MMS into the national drug list.

Adequate nutrition during pregnancy — or the first half of the first 1,000 days – has too often been neglected. Women's nutrition needs dramatically increase during pregnancy as their bodies support their babies' growth and development. The consequences of maternal malnutrition are severe.

Over the years, IFA supplementation has been a core component of antenatal care programs in many countries.

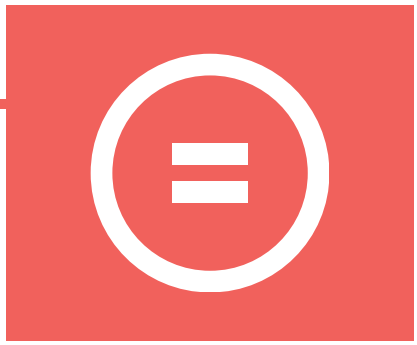
The introduction or transition to MMS, which includes essential vitamins and minerals, in addition to IFA, can significantly improve the health and lives of mothers and babies worldwide. To support country partners and facilitate the inclusion of MMS in national medicine or drug lists, the Healthy Mothers Healthy Babies Consortium (HMHB), hosted by the Micronutrient Forum has developed advocacy and related knowledge tools in conjunction with the New York Academy of Sciences to help support global and national stakeholders.

Progress on national adoption and implementation of MMS is being captured on the World Map of MMS activities, which visually summarizes research and implementation activities at the country level by various partners. Moving forward, HMHB and its members aim to support national actions across more countries in support of its vision to reach 75 million mothers and their babies with MMS by 2030.

WHO's policy leadership and normative guidance have brought much-needed focus on maternal nutrition, motivating and rallying diverse actors at the national level to accelerate their respective actions to tackle maternal malnutrition. Further collective efforts by global, regional, and national stakeholders to strengthen enabling environments for MMS can and will help set new trajectories to improve the nutrition status of mothers worldwide.

Source: A Big Win for Mothers Worldwide, Micronutrient Forum, 2022. https://micronutrientforum.org/a-big-win-for-mothers-worldwide/

ACTION AREA 3: GENDER EQUALITY



Nutrition is a feminist issue.

The Gender Nutrition Gap is both a determinant and an outcome of the other gender gaps: women who are undernourished often have less access to quality education, have lower income potential, and face more barriers in the workplace, all of which contribute to gender inequality.

Since good nutrition for women and girls is deeply rooted in gender equality and how economic, social, and cultural circumstances interact, we must see women and girls as active, empowered individuals while also taking action to change the systems that affect them. Across sub-Saharan Africa, 75% of undernourished women and children do not live in the poorest households, which illustrates that malnutrition is not simply a byproduct of only poverty but also of other factors and systems, such as social norms and intrahousehold dynamics.[113]

Women's and girls' access to, and participation in, education, policymaking, vocational training, income-earning opportunities, land use, technology, and financial systems are foundational to achieving optimal health and nutrition. Good nutrition fuels and empowers women and girls in all areas of life; stamping out micronutrient deficiencies, undernutrition, and obesity supports women's and girls' ability to flourish.

> ***"Gender equality and the empowerment of women and girls is a fundamental human right, which mutually enforces the right to adequate food."***
>
> *—Emergency Nutrition Network*

Economic and leadership freedoms for women require robust policymaking and a continuing shift in business norms, including intolerance for sexual and all other forms of discrimination and a greater appreciation for the soft skills women often excel in and that are beneficial for business. In 2022, women held 32% of senior management roles globally.[114] While this Action Agenda does not lay down a full framework for achieving gender equality in the workplace, it does outline actions that are necessary to bridge gaps in social security and access to financial literacy, land ownership, and education.

This Action Agenda promotes a gender transformative and political economy approach to nutrition, considering structural drivers and systemic biases that affect women and girls — their autonomy, well-being, nutrition, education, and economic and other freedoms — and are the root cause of the unacceptable outcomes we see today. To this end, the Gender Transformative Framework for Nutrition provides a tool for action for some of the recommendations laid out in this Action Agenda. It reminds us that "an effective response requires that gender equality and the empowerment of women and girls become the central foundation upon which multisectoral responses to nutrition are built."

The Gender Equality Action Area in the Framework for Action below details actionable steps to build mutually reinforcing determinants of gender equality and optimal nutrition.

ACTION AREA 3: ADVANCE GENDER EQUALITY AND WOMEN'S AND GIRLS' EMPOWERMENT		
3.1 Develop or revise food, education, employment, and social protection policies with a gender-transformative approach to uphold women's rights		
3.1.1 Identify and address gender-inequitable laws and policies across sectors that impact women's and girls' nutrition		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Official and customary policies and laws govern aspects of land ownership, control of assets and resources, entrepreneurship, employment, and marriage/divorce; these policies and laws are not always inclusive of women.[115] Even when policies are established, enforcement and interpretation vary by community and context and often favor men's control over women's control. Men generally have greater access than women to financial resources, land ownership, credit, education, and employment opportunities than women.[116]	• Adopt the voluntary guidelines of the Committee on World Food Security, which provide policy guidance on gender equality and women's and girls' empowerment in the context of food security and nutrition for revising or reformulating legislation and policies.[117] • Conduct a gender analysis of policies and laws pertaining to health, nutrition, agriculture, education, trade, land, and family to identify where they directly or indirectly discriminate against women and prevent the realization of women's right to food, education, and employment. • Develop an advocacy paper on the needed policy changes, including suggested wording, and promote a participatory process to incorporate women's voices and leadership into the policymaking space.	Government Development partners and UN agencies Development partners and UN agencies
3.2 Engage power holders in addressing harmful social and gender norms that impact women's and girls' nutrition		
3.2.1 Foster multistakeholder action to accelerate the elimination of discriminatory norms		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Social and gender norms—or one's beliefs about what is appropriate of acceptable for others to do—are one of many factors influencing behavior change. Social norms can influence beliefs about men's and women's roles and responsibilities in the household, the care of children, child feeding practices, and who makes decisions about household food purchases.[118, 119] Normative beliefs about healthy diets and infant and young child feeding practices can go against factual information and weaken the effectiveness of frontline workers' counseling or other social and behavior change approaches.[120] Normative beliefs on decision-making and control of resources also affect women's food security.[121, 122] Positive social norms and family support are associated with improvements in maternal nutrition practices.[123]	The following steps are adapted from CARE's Gender Equality and Women's Empowerment in the context of Food Security and Nutrition: [124] • Identify the social and gender norms and related sanctions influencing women's and girls' nutrition in the community of interest, as well as in reference groups, through participatory research, and related sanctions, and use the findings to develop a social and behavior change strategy. • Engage influential reference groups, including traditional and religious leaders and mothers-in-law and grandmothers who may dictate what food women and girls eat, to shift social norms impacting women's and girls' nutrition outcomes. • Engage men and boys in all relevant protocols and interventions for addressing gender norms in the food security and nutrition sphere, encouraging equal sharing of responsibilities for unpaid work and underscoring the relationship of gender norms to the importance of breastfeeding. • Support community champions and change agents within food systems and social systems to influence norms on women's and girls' nutrition and empowerment. • Strengthen the capacity of public, private, and voluntary sector partners to achieve social norms change at household, community, institutional, and policy levels.	Government

3.3 Foster and promote women's participation and leadership at all levels in food systems		
3.3.1 Engage women and their organizations in all steps of policy design pertaining to food systems		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Men are more likely to participate in more profitable value chains and extension activities, while women participate in less profitable activities or production for the household.[125] Training programs and government support programs for agriculture and nutrition programs must be designed and implemented to be more inclusive of women participants. Women will also need support from their households, communities, and institutions to be further engaged in profitable food systems and extension activities. Engage women farmer organizations: Women who are part of farmer organizations tend to have much more livelihood security, as highlighted in Ceres 2030 findings that look at the best bets in agriculture to double smallholder farmers' livelihoods.[126] Women's associations in food systems have proven to be an effective channel to engage women but are often overlooked in both food system design and policy design.	• Design food systems programs and trainings that recognize women as producers, entrepreneurs, and holders of small businesses along the value chain (not just as recipients/targets of good/healthy diets) and are responsive to women's needs (e.g., at a time and place conducive to women's other responsibilities in the household). • Adopt positive discrimination measures (e.g., quotas) to ensure women's representation in positions of power and leadership. • Adopt the Global Food Systems 50/50 accountability framework to monitor progress and hold food systems organizations accountable for achieving gender equality in leadership, setting gender-equitable internal workplace policies, and implementing strategies that advance progress toward gender-just and equitable food systems, including recognition of the value of breastfeeding as the linchpin of the first-food system.[127] • Engage women farmer organizations and women's groups within farmer organizations as platforms to foster change in nutrition and livelihoods.	Gender sector decision-makers, academia and research groups Government Government, development partners and UN agencies Government
3.4 Provide incentives for women's empowerment: Protect girls' and women's rights to education and work opportunities		
3.4.1 Promote adult education		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Women are systemically disadvantaged in terms of access to education, and evidence shows clear links between education level and socioeconomic status, which affects health and nutrition.[128, 129, 130, 131]	• Develop policies that institute continuing education opportunities and catch-up education opportunities for women.	Government, Ministry of Education, Ministry of Women Affairs and Social Development

3.4.2 End early marriage		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Child marriage devalues girls and cuts short their education and income-earning opportunities, and often leads to childbearing in adolescence.[132, 133, 134, 135] Child marriage increases the risk of intimate partner violence and early and unplanned pregnancies, which in turn increases the risk of maternal mortality and obstetric complications.[136, 137] Keeping girls in schools is the most important factor in preventing early marriage.[138] It is critical to break the intergenerational cycle of malnutrition: Higher rates of anemia and malnutrition in girls married young lead to children born with low birthweight, which leads to risks of stunting.[139]	• End child marriage through joint action implementing gender-transformative policies. • Ensure that girls are legally protected from child marriage. • Develop and implement social and behavior change campaigns on ending child marriage and preventing early pregnancies.	Government, Ministry of Education, Ministry of Women's Affairs, development partners and UN agencies Government, Ministry of Women's Affairs Government, Ministry of Women's Affairs, civil society organizations, community leaders, religious organizations and leaders, development partners, and UN agencies
3.4.3 Keep girls in school		
Keeping girls in school benefits individuals, communities, and countries. Research shows linkages between education and reduced child mortality and maternal mortality, improved child health, and lower fertility.[140, 141, 142, 143] According to the World Bank, between $15 trillion and $30 trillion is lost in lifetime productivity and earnings globally due to adult women not having benefitted from secondary education (i.e., 12 years of schooling).[144] Schools are also platforms for improving girls' nutrition. School feeding programs encourage school attendance and provide nourishment to students. In addition to school meals, school health and nutrition programs may include deworming treatment, handwashing with soap, clean drinking water, and other nutrition-sensitive interventions.[145] Good nutrition also plays a role in improving learning.[146]	• Develop policies and programs that keep girls in school, including tuition incentives for girls, school feeding programs, and improved water, sanitation, and hygiene infrastructure in schools and communities. • Promote child protection and safeguarding mechanisms for all children to ensure safety and well-being, including protection from violence at home and in schools.	Government, Ministry of Agriculture, Ministry of Health, Ministry of Education, Ministry of Water and Environment, development partners and UN agencies Government, Ministry of Women's and Child Affairs, civil society organizations, UN agencies
3.4.4 Address discriminatory gender and social norms preventing women and girls from having equitable education and employment opportunities		
Although the global gender gap in education is closing, women are far from experiencing the same social and economic rights as men.[147, 148] As a result, women earn 23% less than men globally.[149]	• Develop and implement social and behavior change campaigns on the benefits of keeping girls in school, investing in their education, valuing the girl child, and preventing child marriage and early pregnancies. • Identify champions on the linkage between education and nutrition and positive outcomes for girls, their families, and their communities.	Ministry of Education, development partners, and UN agencies, media National and subnational organizations, media, development partners, and UN agencies

3.5 Provide labor market incentives to attract and retain women in employment		
3.5.1 Include adult learning as part of employment programs		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Pre-literate or low-literacy women are unintentionally discriminated against in the expectations commonly set for who is qualified to apply for and do a job. The issue is magnified in countries where the literacy level remains low, especially for women. Opportunities exist for jobs to become an avenue for improved literacy and numeracy instead of a barrier. Women are in lower-paid and more insecure jobs than men and, at the same time, face tremendous barriers in accessing critical social insurance, such as maternity benefits.[150, 151, 152]	• Design programs for women with low literacy levels to access jobs and gain skill sets on the job (e.g., as community nutrition mobilizers and community health workers with onsite childcare). • Develop guidelines containing criteria to reassess the education level required to perform a job, recognize prior knowledge, and provide access to education and qualifications as a benefit of that job and prior knowledge. • Adopt a policy listing the resources available with a job, including childcare, access to professional development, access to education, and access to health care services for all women of reproductive age.	Ministry of Education, Ministry of Women's Affairs, Ministry of Labor Ministry of Education, Ministry of Women's Affairs, Ministry of Labor Government, Ministry of Women's Affairs, Ministry of Labor
3.5.2 Support upward mobility for women in community-based health care, nutrition, and social protection		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Women are doing most of the community-based and caregiving work and are skilled but are denied paid work.	• Ease requirements for literacy and numeracy that hinder women from getting paid work. • Design community-based programming that provides opportunities for women to upskill, recognizing the inequalities, social norms, and need to overcome barriers to their engagement.	Government, Ministry of Education, Ministry of Women's Affairs, Ministry of Labor, INGOs, CSOs, private sector Ministry of Education, Ministry of Women's Affairs, Ministry of Labor, UN agencies, INGOs, CSOs
3.5.3 Provide childcare support in the formal and informal sectors to attract and retain mothers in paid employment		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Domestic responsibilities and childcare hold women back from formal and informal employment.[153] This is a critical underlying factor driving gender inequalities in income and food security.	• Adopt policies and regulations to increase access to childcare and family care support in the workplace and community. • Adopt or adapt policies and regulations to include women working in the informal sector. • Develop policies that aim to recognize, reduce, and redistribute unpaid care work (excluding breastfeeding) and engage all family members in this work. Adopt a parental leave/paternal leave policy that prioritizes maternity leave of at least six months to accommodate the period of exclusive breastfeeding and childcare in the critical early months of life.	Government, private sector Government, business networks Government

3.5.4 Enable and support women to breastfeed in the workplace		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Women need time, space, and support from their families, communities, and workplaces to breastfeed successfully. Inadequate maternity protection policies in the formal and informal sectors are key barriers to breastfeeding. Research shows that women allowed lactation breaks during work are nearly sixty-two times more likely to continue breastfeeding than women without breaks.[154] Improved breastfeeding practices benefit national and global economies as well. The 2016 Lancet Series on breastfeeding found that economic losses due to suboptimal breastfeeding reached more than $302 billion in 2012.[155]	• At the national level: Adopt maternal protection policies, including paid maternity leave, paid breaks to breastfeed or express milk, and health coverage for lactating women. • Extend aforementioned policies to include women working in the informal sector. • In the workplace: Adopt policies and regulations to create a breastfeeding-friendly workplace by allocating breastfeeding breaks and hygienic and private places for women to breastfeed or express milk.	Government, donors, development partners Government Government, private sector
3.6 Expand health and nutrition workforce programs		
3.6.1 Scale up health and nutrition interventions in the workplace		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Women make up most of the workforce in certain industries (e.g., tea plantations, ready-made garment industry), which are commonly untapped platforms for improving their health and nutrition. Employers can play an outsized role in supporting women's nutrition by instituting nutrition interventions in the workplace. There is demonstrated success driven by large companies that take action to support the health and nutrition of the female workforce and breastfeeding mothers; health and nutrition interventions result in less absenteeism (because children are healthier), higher motivation, and higher productivity.	• Develop plans and guidance to widely scale up integration of health and nutrition interventions in the workplace, including lactation support, access to safe and nutritious foods during working hours, employer-provided health checks and counseling, and promotion of healthy diets. • Adopt or adapt regulations to include women working in the informal sector. • Engage women's groups/self-help group platforms in program design and delivery. Scale up/replicate advanced effective interventions (e.g., those effective in India, Bangladesh, Vietnam, and Nepal).	Government, Ministry of Health, Ministry of Labor, private sector, development partners Government National and subnational organizations

3.7 Empower women to own means of production		
3.7.1 Remove barriers to productive assets for women and girls		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Efforts to empower women to own means of production need to be linked to actions to shift social and gender norms at the same time. Even if regulations and legislation to enable women to own land and other means of production exist, discriminatory norms are holding back actual implementation of these policies.	• Adopt regulations and legislation to enable women to own land and other means of production/assets.	Government, Parliament
	• Adopt regulations and legislation to enable women to access financial services, education, and technology services.	Government, Parliament
	• Identify and equip women to be champions at all levels—national, subnational, and community—and demonstrate to these women the impact of owning means of production, including household and subsistence food production.	National and subnational organizations, media, development partners, and UN agencies
	• Run social change campaigns to shift social norms regarding women's and girls' access to financial services, land, education, and technology services.	Government, National and subnational organizations, media, development partners, and UN agencies
3.7.2 Support women-led businesses in overcoming systemic discriminatory norms and practices		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Small women-led businesses are facing systemic discrimination in accessing training, loans, and access to legal counsel.[156, 157]	• Develop grant guidelines for small and medium-sized enterprises. Include pre-education steps on proposal drafting, business plan development, and other skills in those guidelines to build the capacity of small and medium-sized enterprises, creating a pathway to access finance.	Government, Ministry of Labor, private sector, development partners, UN agencies and Scaling Up Nutrition (SUN) Business Network, entrepreneurs, social impact investors, tech innovators
	• At the national level: Develop a specific package of services to support women's groups and women-led businesses to partially make up for the social factors stacked against them.	Government, Ministry of Labor, Ministry of Finance, Ministry of Women's Affairs, and private sector
	• International development investment: Advocate for large-scale investors to include policies/commitments within their gender approaches to accompany and provide capacity building, along with grants or loans, to correct some of the bias women are facing, and guarantee half of theses investments will go to women.	Donors and philanthropies, development partners and UN agencies

IMPACT STORY

In Malawi: Keeping girls in school becomes a matter of national importance

In Malawi, 52% of girls are married before the age of eighteen, and it is taking commitment at all levels is required to promote the girl child's rights and reduce teen marriages and early pregnancies. In 2015, under the leadership of then-President of Malawi Peter Mutharika, a champion of the UN Women "He for She" campaign, the Marriage, Divorce and Family Relations Act (Marriage Act)—an act that Malawi started working on twenty years ago—became law in 2015, setting the minimum age for marriage at eighteen years.

This high-level leadership is being met with equal commitment from local-level, traditional authorities who are working within their communities to realize the rights of every girl child. Chiefs have been trained on all gender-related laws, including the Gender Equality Act and the Marriage, Divorce, and Family Relations Act, and are making sure these laws are being enforced at the village level through

their integration into community bylaws. Chiefs have developed their own declarations to mobilize their community members' support for the empowerment of women, end gender-based violence and child marriages, and support girls' education.

Religious leaders have also been sensitized to the danger and consequences of early marriage to ensure they do not bless child marriages. As key community gatekeepers, they have been encouraged to act as champions of change in their communities by openly advocating for the empowerment of women.

Several incentive programs, including but not limited to nutrition programs, are intended to keep girls in school, such as a school feeding program, take-home food rations for girls, free boarding options for girls, free learning materials, cash transfers for school-related needs, scholarships and bursaries, and education on human rights, gender equality, and the empowerment of women to ensure that women and girls are aware of their rights. The government also emphasizes the need to educate girls at the household level on the importance of good nutrition, food choices, and preparation so they can make informed choices.

While child marriages and girls' education are still big challenges in Malawi, this approach is combining policies conducive to keeping girls in school with legal frameworks and financing and has led to considerable progress. Many girls have left forced marriages and reintegrated into school. SUN is now working to capitalize on this progress to improve nutrition outcomes. It will require further investment in trained personnel at the local level, as well as training on gender mainstreaming and gender-responsive budgeting, to ensure that all relevant government ministries are engaged in empowering women.

Source: Excerpted and adapted from "Empowering Women and Girls to Improve Nutrition: Building a Sisterhood of Success." SUN, 2016. https://scalingupnutrition.org/wp-content/uploads/2016/05/IN-PRACTICE-BRIEF-6-EMPOWERING-WOMEN-AND-GIRLS-TO-IMPROVE-NUTITION-BUILDING-A-SISTERHOOD-OF-SUCCESS.pdf

IMPACT STORY

Understanding and acting on what women want

When it comes to health and nutrition, the rights of women and girls must be at the center of solutions. In 2019, through an open-ended question that let women set the agenda, the What Women Want campaign asked more than one million women and girls around the world what their one request would be for their maternal and reproductive health. Healthy food, proper nutrition, and related information emerged as a top demand, with an emphasis on high-quality and hygienic food, especially for pregnant and postpartum women. The women's words were harrowing yet galvanizing, especially from the frontlines of the flood-affected areas of Pakistan.

This campaign has led to forty-five policy changes to date, including the declaration of women's health as an essential service in Pakistan during the COVID-19 pandemic. The government framework protected nutrition services in addition to reproductive, maternal, newborn, and child health and family planning services by responding directly to women's demands. Women's calls for food and nutrition were echoed in subsequent campaigns focused on understanding what midwives and women facing climate disaster want.

> ***"I was getting weaker from breastfeeding my child and became anemic. I could not get any vitamins because of the flood—all the roads were closed; the basic health units were also submerged. I was feeding the baby by pumping empty water."***
>
> ***—Woman, age twenty-five, Sohbatpur District***

Source: Written by White Ribbon Alliance / What Women Want

ACTION AREA 4: MULTISECTORAL POLICY ENVIRONMENT

The nutritional status of women and girls can be a gauge for, as well as a determinant of, equal socioeconomic progress. Addressing malnutrition requires a multisectoral approach.

Countries and national governments must lead in the implementation changes to close the Gender Nutrition Gap. We can correct the course of this Gap if national leaders, together with global partners, prioritize action, invest, and hold themselves accountable for delivering results on women's and girls' nutrition. Having a common framework for women's and girls' nutrition speaks to a diverse set of multisectoral actors and allies to drive rapid advancement in recognizing that progress on women's and girls' nutrition is pivotal to a country's overall health, economic growth, and development. There are important questions to be answered for strengthening multisectoral policies at the country level: What elements are being tracked and measured? How will those elements change based on the intervention package? What lessons can be learned to help achieve cost efficiencies between sectors? Ultimately, the incentive for closing the Gap is clear: Investment in women's and girls' nutrition will accelerate the achievement of other policy goals.

Now more than ever, we need to combine efforts and strategically multiply our impact by to building systematic action for women's and girls' nutrition that adds value to movements already fast happening quickly in gender equality, social inclusion, MNCH, and climate spaces.

> ***"There are no guidelines that bring together all the nutrition recommendations for adolescent girls and women."***
>
> ***—The Emergency Nutrition Network***

By engaging decision-makers, especially women, both within health and nutrition sectors and more broadly across climate, food systems, gender equality, fiscal and social policy, and education spaces, we will have greater opportunity to change the status quo, bring coherence to policy environments, bridge gaps in access to and coverage of proven interventions, scale funding, and strengthen accountabilities for all women and girls.

The Multisectoral Enabling Policy section in the Framework for Action, set forth below, details actionable steps for strengthening policy and legislation frameworks.

ACTION AREA 4: STRENGTHEN THE MULTISECTORAL POLICY ENVIRONMENT		
4.1 Close the data gaps on women's and girls' nutrition, including diet quality		
4.1.1 Invest in standardization and routine availability of data on women's and girls' nutrition, including diet quality		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Data available in health information systems on nutrition services for women and girls available in health information systems are focused mainly on maternal nutrition interventions, and not all countries have such data. Only a few countries have indicators on iron and folic acid supplements provided to pregnant women, and very few countries have indicators on nutrition counseling.[158,159] Data on the coverage of maternal nutrition interventions are not collected in a standardized way in national household surveys, and extended recall periods are a concern for valid estimates. This lack of standarized data impedes comparability across countries and tracking of global progress.[160] Lack of dietary data hinders action on effective strategies and programs, tracking progress, and ensuring accountability. We lack standard indicators for quality of care.[161] Several global initiatives, including DataDENT and WHO-UNICEF Technical Expert Advisory group on nutrition Monitoring (TEAM), are working to improve multisectoral nutrition data quality, data collection systems, and data use for evidence-based nutrition advocacy and policymaking.	• Invest in regular data collection from administrative and survey sources, and actively support the use of data to track nutrition services and dramatically improve visibility, decision-making, actions, and accountability for women's and girls' nutrition.	Government
	• Fill gaps in data on intervention coverage, particularly with transition and scale-up of MMS, calcium, and BEP, as well as standard indicators of quality of care.	Government, Ministry of Health, development partners and UN agencies
	• Address validity issues for indicators that depend on maternal recall of nutrition services during pregnancy.	Government, Ministry of Health, development partners and UN agencies
	• Track and routinely report progress and coverage of interventions on the diet quality of women and girls, including the quality of infant and young child feeding.	Government, development partners and UN agencies
	• Adopt tools to measure diet quality, such as the Global Diet Quality Score (GDQS) metric and app, and track how the healthy and unhealthy components of the diet are changing.	Government, development partners, and UN agencies, entrepreneurs, social impact investors, tech innovators
	• Invest in large-scale, national, quantitative, 24-hour dietary recall surveys by countries. Between those surveys, carry out routine, large-scale collection of diet quality data to assess and monitor how diets are changing and how these changes inform programs and policies.	Government
	• Strengthen local capacity to strategically finance and conduct surveys to collect women's and girls' nutrition-related data.	Development partners
	• Strategically assess current data collection platforms and remove duplication (e.g., same stunting indicators collected on multiple surveys within a short period) to optimize available data collection efforts and resources and focus on the information necessary to make priority decisions.	Government
	• 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.	Government, development partners, and UN agencies

4.2 Ensure policy protection and policy coherence for women's and girls' nutrition		
4.2.1 Ensure evidence-based policies from multiple sectors are in place to promote gender equality and improve women's and girls' nutrition		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Inadequate policy protection and discriminatory norms and policies deprive women and girls of healthy diets, essential nutrition services, access to social protection services, and nutrition and care practices they need.	• Implement social protection policies, decent work policies, policies against child marriage, inheritance and asset ownership policies, maternity protection and family-friendly policies that promote gender equality and deliver healthy diets, essential nutrition services, and positive nutrition and care practices for women and girls.	Government, development partners, and UN agencies
4.3 Reinforce governance and increase resource mobilization to close urgent gaps at policy, program, and service levels		
4.3.1 Track financial and policy commitments of national and sub national governments and bilateral and multilateral development partners financial and policy commitments to prioritize women's and girls' nutrition		
WHY does this matter?	**Example Commitment (HOW)**	**Stakeholder (WHO)**
Bolder leadership and gender-responsive budgeting are needed for spurring action and dedicating resources to improving women's and girls' nutrition.	• Hold stakeholders accountable for commitments made at Nutrition for Growth in 2021, particularly those related to anemia, breastfeeding, and low birthweight, by, for example, creating/supporting transparent financial tracking and reporting systems and joining the SUN Civil Society Network's social accountability campaign to hold stakeholders to account for promises made.	National and sub-national organizations, development partners, and UN agencies
	• Mainstream nutrition financing across sectors, setting nutrition financing targets or benchmarks, and supporting tracking systems to measure progress against those financing targets.	Government, Ministry of Finance
	• Incentivize more donor investment, both public- and private-sector, to improve gender equity and women's and girls' nutrition (for example, in food fortification for healthier diets) while ensuring that private sector investment is guided by government priorities and standards.	Government, Ministry of Finance, Ministry of Social Affairs, Ministry of Women's Affairs
	• Increase budget allocations for social protection programs for women and girls to protect incomes and household nutrition. Promote economic inclusion for women including through system designs that recognize the value of unpaid work and women's and girls' contributions outside of paid labor markets.	Government, development partners, and UN agencies
	• Support the alliance of global and national financial institutions announced at the UN Food Systems Summit 2021 to design and implement gender transformative finance mechanisms that meet the needs and priorities of women, and that support their empowerment.	

IMPACT STORY

Women and girls empowered for optimal nutrition in Nigeria by 2028

In Nigeria, national partners are leading a strategy in support of women's and girls' nutrition under the *Closing the Gender Nutrition Gap: An Action Agenda for Women and Girls*, building on the country's policy priorities and opportunities. The Civil Society Scaling Up Nutrition in Nigeria (CS-SUNN) and a range of partners are focusing on advancing women's and girls' empowerment, as the prerequisite for improved nutrition. The "Women and girls empowered for optimal nutrition in Nigeria by 2028" strategy seeks to shift the needle on three distinct aspects of women's and girls' empowerment:

- **More women in decision-making positions**—in both public and the private sectors—where they can adopt, shape, and influence policies and programs that improve women's and girls' nutrition.

- **More women and girls having access to and utilizing public empowerment schemes** such as farming and business loans, scholarships, and employment and livelihood support, all of which directly impact the nutrition status of the household, including of women and girls.

- **Greater opportunities for girls to have quality education from primary to tertiary level,** which evidence shows results in better health and nutrition outcomes for girls, families, communities, and the country.

As a short-term, country-wide policy solution, partners have advocated for the Federal Ministry of Women Affairs and Social Development to lead on the development of a national *Guideline on Women's and Girls' Empowerment for Optimal Nutrition* ("Guideline")—a request that was approved by the minister in May 2023. The Guideline, intended to create a convergence of interventions across sectors and policies to address the nutritional needs of women and girls, should be released in early 2024.

At the state level, CS-SUNN put women's and girls' nutrition on the agendas of the first spouses—the spouses of Nigeria's thirty-six state governors—during the Women in Power Conference, an event organized by the Federal Ministry of Women Affairs and Social Development and CS-SUNN. The conference was an opportunity to create awareness of the women's and girls' nutrition challenges in the country and incite women in power—the first spouses, women legislators, commissioners, and business leaders—to advance women's and girls' nutrition in their states. It resulted in the adoption of a call to action advocating, among other things, exclusive breastfeeding, six months of paid maternity leave, and realistic and timely funding for nutrition.

In parallel to these policy advocacy actions, the partners rolling out the Nigeria strategy are engaging the media to make the issue of women's and girls' nutrition highly visible. In a media roundtable in May 2023, the partners secured commitments from the media to amplify the call for women's and girls' empowerment for optimal nutrition in the country and to develop activities on special days that will promote women's and girls' nutrition in Nigeria.

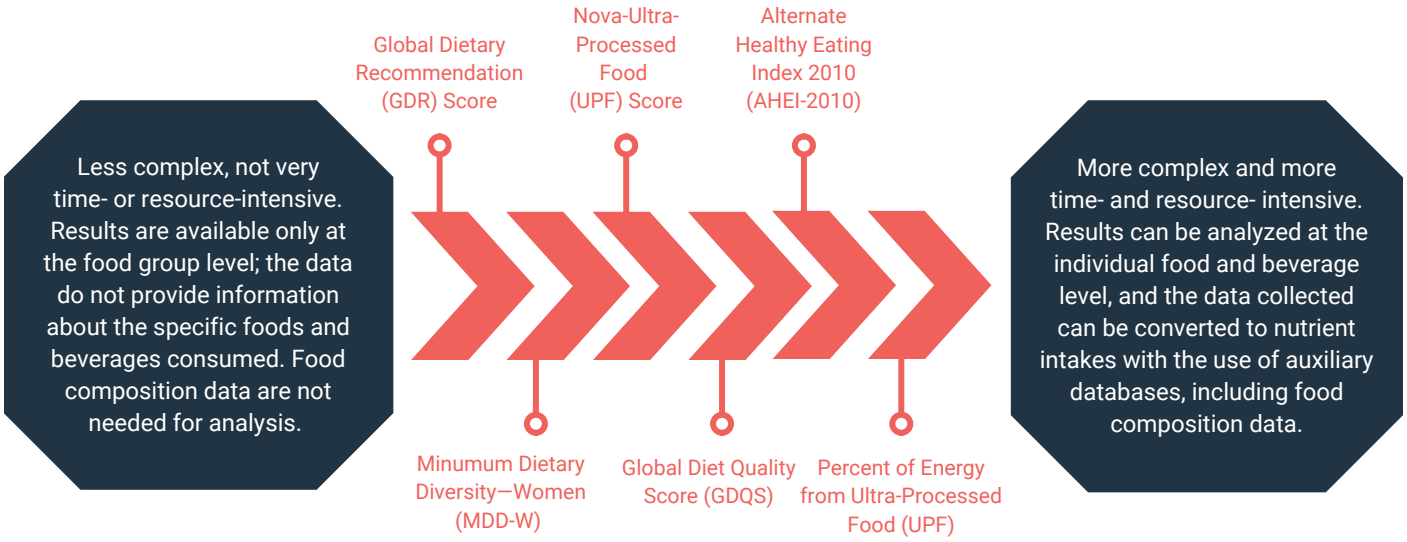
CLOSING THE RESEARCH AND DATA GAPS

Understanding what women and girls eat and why they make certain decisions and trade-offs is vital when protecting their nutrition and health. Diet quality matters more than ever because it is intrinsically linked to so many of our national and global systems—economic, health, food—and the responsible stewardship of natural resources. Broader consumer-based population-level trends, including poverty and food affordability and consumption of healthy and unhealthy foods, require routine collection of population-level data on what people are eating throughout the life course, alongside targeted data collection on nutritional outcomes, such as micronutrient deficiencies and anemia, and early nutrition.

Today, an array of diet quality metrics is available for use, yet there are important differences to consider when choosing a metric for a particular context. Key considerations include the time and resource requirements for data collection and metric tabulation, the validity of the metric for use in the given context, and the type of information and level of detail the metric provides about the diet consumed (figure 2).[162]

Other data inputs are also critical. For example, poor data collection on breastfeeding in infancy in many countries limits the reliability of metrics. This is particularly concerning given that early nutrition is so important for women's and girls' nutrition and health throughout the life course. Concentrated efforts and investments are needed to implement routine, low-cost data capture at the population level.

FIGURE 2



HOW TO USE THE GENDER NUTRITION GAP ACTION AGENDA

The Action Agenda is a resource for advocates and policymakers seeking to advance women's and girls' equal rights through optimal nutrition. The Action Agenda outlines how good nutrition empowers women and girls of all ages while highlighting the importance of optimal maternal nutrition, particularly in the precious 1,000-day window between pregnancy and when a child reaches two years of age. Recommended actions can be leveraged at all policy levels and adapted across global, regional, and country contexts.

The Action Agenda recognizes the unique synergies that exist across the nutrition, gender, and MNCH sectors. It establishes a common policy agenda to unite advocates across sectors to take collective action that will accelerate progress toward shared goals across the nutrition, MNCH and gender equality communities —namely, saving lives, improving birth outcomes and overall health, increasing human capital and economic productivity, and building personal and collective resilience.

For advocates, the Action Agenda provides a blueprint for policy recommendations, evidence-based justifications, and messaging to support the advancement of women's and girls' nutrition. Advocates who would like to see change for women's and girls' nutrition at the national or regional level can use the Action Agenda to form coalitions to shape and define country- or region-specific national advocacy strategies that are tailored to local context, needs, and opportunities. They can also use the Action Agenda as an advocacy tool and vehicle to advance specific priorities with policymakers and decision-makers.

Additionally, advocates can use the Action Agenda to take stock of national and regional actions for women's and girls' nutrition by reviewing actions that have or have not been adopted in their geography. These resources can be leveraged by advocates inputting them into new or existing advocacy agendas or through the Gender Nutrition Gap campaign that was developed to promote the Action Agenda as a

solution to the problems causing malnutrition and gender inequities for women and girls. We need a global movement for change; as such, the campaign will continue to adapt and grow its support, providing advocates a way to uplift and incorporate recommendations into existing advocacy resources and messaging.

For policymakers, the recommendations outlined in the Action Agenda can be translated into policies to support women's and girls' nutrition and adapted to fit the unique policy needs of a community. Policymakers who seek to advance women's and girls' nutrition and gender equality can use the Action Agenda as a resource to guide decisions on the recommended actions to uptake. Optimal nutrition is critical to making concrete, cost-effective, long-lasting improvements to the status of women and girls around the world.

For decision-makers, such as donors, program managers, or leaders in the health sector, the Action Agenda provides a resource to strategically inform their work to accelerate improvements in women's and girls' nutrition. This could include grantmaking, decisions on resource allocation within wider budgets, program design, and more. The Action Agenda can guide them to be a leaders in ensuring that the nutrition of women and girls of all ages is no longer overlooked.

CLOSING THE GENDER NUTRITION GAP: LOOKING AHEAD

Closing the Gender Nutrition Gap urgently requires urgent change to the global systems generating unfair outcomes for women and girls. The interdependent gender and nutrition goals are still a long way from being realized. In 2023, the injustice of the Gender Nutrition Gap is robbing women and girls of their health, economic stability, professional aspirations, and social freedoms. It is both simple and complex, devastating and fixable.

We live in an era in which we normalize the damaging consequences of malnutrition for women and girls—the resulting depression, exhaustion, reduced health and cognition, and unacceptably greater risk of death. We can and must close the Gender Nutrition Gap and, in turn, end malnutrition and achieve gender equality for women and girls of all ages.

Through the Action Agenda, nutrition, gender, and MNCH communities are joining forces to address systemic barriers working against women and girls of all ages. There is great strength in this alliance, built on shared goals of advancing gender equality and centered on a practical framework for policy, program, and behavior change. The action framework equips advocates, policymakers, and decision-makers with evidence to make the case for women's and girls' nutrition and recommended actions for uptake to accelerate improvements.

So long as gender gaps prevail across domains such as pay, pension, pain, health, and nutrition, we will not achieve the UN Sustainable Development Goals, nor will women and girls experience their birthright to many freedoms. Ultimately, ignoring the Gender Nutrition Gap impacts everybody, but not just today; its impact will continue for generations to come. Looking to 2030 and beyond, we see our greatest opportunities in aligning the goals of the MNCH, feminist, and nutrition communities. Political expediency for the actions outlined in this agenda underlines and accelerates tireless efforts to save lives, equalize all rights and freedoms for women and girls, ensure healthy starts in life for all babies, improve the quality and continuum of health and social protection care, and pivot our food systems toward health for people and planet.

Today, we are equipped with evidence, a strong alliance, and a co-curated framework for action to advance women's and girls' nutrition. Over the coming years, metrics and indicators will be urgently needed to measure progress on the Gender Nutrition Gap beyond anemia rates.

This agenda provides a framework that recognizes a new wave of attention and discovery is needed for measuring healthy and nutritious diets, access to essential services, and micronutrient status, alongside the incorporation of sex-disaggregated metrics into labor and economic policies.

With adequate funding, decisive leadership, gender-transformative policies, male support, and deliberate behavior changes, we can close the Gender Nutrition Gap. Ending the sexist and intergenerational consequences of malnutrition will change women's and girls' lives, and create more prosperous and equitable societies for all.

A world without the Gender Nutrition Gap will be a world with better nourishment, greater resilience, and more freedoms for everyone.

ANNEX

Women's Nutrition: A Shared Definition and Case for Further Action

Gender Nutrition Gap Definition

The Gender Nutrition Gap is how women's and girls' unique biological needs, disparities in access to food and services, and harmful social norms have a bearing on their health and economic outcomes.

Summary Definition

Good nutrition for girls and women is nutrition that meets daily macro- and micronutrient requirements from a healthy diet that builds immunity and protects against disease and all forms of malnutrition. When 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 positively affects their ability to flourish across all stages of life, making good nutrition foundational for their health, development, and prosperity, and for their communities to thrive.[163, 164, 165, 166]

Full Definition

A girl or woman has an innate right to good nutrition. For girls and women, having good nutrition means meeting daily macro- and micronutrient requirements from a healthy diet that builds immunity and protects against disease and all forms of malnutrition. When supported by the availability of and access to affordable, nutritious foods and health services, gender equality, increased empowerment, income earning potential, and decision-making ability, girls' and women's nutrition positively impacts their overall health, cognition, well-being, and flourishing across all stages of life.

Essential components of girls' and women's nutrition exist throughout the life cycle (successive stages in life), including infant and young child feeding; early years, child, and adolescent girl nutrition; the nutrition of women of reproductive age; maternal nutrition; and the nutrition of women of menopausal age and older. Interventions across all components deserve equal coverage. At the same time, maternal nutrition has a compounding effect on nutrition outcomes throughout a child's life and on lifelong resistance to noncommunicable disease and is, therefore, a critical component within this broader lens.[167, 168]

Interventions must be designed to respond to the changing nutritional needs of girls' and women, which differ from those of boys and men, across the life cycle. **Given that a girls' or women's nutrition spans successive stages of life, it is also intergenerational.** This means their nutrition begins before birth when their mothers' nutrition starts to determine their girls' future health and development. Nutrition during the first 1,000 days, from conception to age 2, significantly determines a child's health and development for life.[169]The intergenerational nature of girls' and women's nutrition requires policies and interventions that can be implemented through national systems and which correspond to causal pathways.

Girls' and women's nutritional status is impacted by several determinants, which include but are not limited to their ability to earn and control income; gender equality and social and familial circumstances and norms, particularly relating to marriage and pregnancy; their own beliefs and confidence; access to, availability of, and affordability of healthy foods; autonomy to make decisions regarding their food choices and health; access to quality education; poverty associated with poor living and working conditions; and vulnerability to disease, including poor quality water, sanitation, and hygiene.

The realization of a girls' or women's innate right to good nutrition is affected by interdependent socioeconomic factors that are driven by national systems, social norms, climate, lingering effects of the COVID-19 pandemic, and international funding priorities, among other influences. Girls and women are at increased physiological risk of poor nutritional status when these influences affect their access to quality health care, education, and household resources and when access to other services and information is limited. Ensuring optimal nutrition for all girls and women, **therefore, requires collaboration and alignment across sectors, including, though not limited to, health, gender equality, social protection, education, food systems, private sectors, and humanitarian response.**

Good nutrition, health, development, gender equity, and education outcomes are mutually reinforcing; optimal nutrition supports girls and women in realizing equal health, education, and earning outcomes.[170]Good nutrition for girls and women is foundational for the health, development, prosperity, and thriving of all communities.[171]Maternal nutrition interventions have been linked to significant increases in GDP, while micronutrient interventions have been shown to have a rate of return of up to 1:16.[172, 173]

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