No. 000338 - 2017

The Permanent Mission of the Republic of the Philippines to the United Nations presents its compliments to the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO), and with reference to its Note 000173-2017 dated 04 April 2017 has the honor to inform WHO and FAO of the Philippines’ willingness to share and make public its inputs and comments on the Draft Work Programme for the United Nations Decade of Action on Nutrition 2016-2025.

The Permanent Mission of the Republic of the Philippines to the United Nations avails itself of this opportunity to renew to the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) the assurances of its highest consideration.

New York City, 24 May 2017

[Signature]

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No: 000173 - 2017

The Permanent Mission of the Republic of the Philippines to the United Nations presents its compliments to the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO), and has the honor to refer to WHO and FAO’s Note dated 27 February 2017 requesting for inputs on the draft Work Programme for the United Nations Decade of Action on Nutrition 2016-2025.


The Permanent Mission of the Republic of the Philippines to the United Nations avails itself of this opportunity to renew to the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) the assurances of its highest consideration.

New York City, 04 April 2017

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1. In the enumerated six (6) Action areas, the background has missed out the other 2025 Global Targets for maternal, infant and young child nutrition. It has only highlighted stunting and wasting in children under-five years of age, to address the needs of adolescent girls, pregnant and lactating women, and older persons. Suboptimal breastfeeding practices and low birth weight have been included in the 2025 Global Targets. Suboptimal breastfeeding in itself is also a form of malnutrition as discussed in the 2008 and 2013 Lancet Series on Maternal and Child Undernutrition. Hence, in addition to stunting and wasting, these two should receive recognition of their prominence not just as health concern, but likewise as a problem of nutrition.

2. In the guiding principles, we recommend the inclusion of the first 1000 Days advocacy. This is also a global movement which emphasizes the window of opportunity to provide interventions to improve nutrition outcomes among pregnant and lactating women and the first two (2) years of life of a child.

3. In the enumerated six (6) Action areas, the SOFI would like to clarify if the broader aspect of governance and accountability encompasses the public financing needed for nutrition. Insufficient or lack of public financing for nutrition has been one of the major barriers to achieve nutrition targets and goals all over the world. We believe that specifying public financing for nutrition will highlight its importance in part of governance and accountability.

4. Under the second action area on aligned health systems providing universal coverage of essential nutrition actions, we recommend re-phrasing of the sentence as, "Strong health systems are needed to prevent and treat malnutrition in all its forms through the delivery of evidence-informed nutrition interventions integrated with other health interventions and services for all ages, as well as to prevent and treat common infections which can aggravate undernutrition." We also recommend adding an item to reflect the World Health Organization's Guidance on Multi-sectoral Action Plans for Nutrition that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, palliative and rehabilitative essential health services, including oral health and mental health services, and essential, safe, affordable, effective and quality medicines and therapeutic foods, while ensuring that the use of these services does not expose users to financial hardship with a special emphasis on the poor, vulnerable and marginalized segments of the population.

5. On access to health services, we recommend re-phrasing, "This means universal health coverage (UHC), which implies that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, palliative and rehabilitative essential health services, including oral health and mental health services, and essential, safe, affordable, effective and quality medicines and therapeutic foods, while ensuring that the use of these services does not expose users to financial hardship with a special emphasis on the poor, vulnerable and marginalized segments of the population." We also recommend adding an item to reflect the World Health Organization's Guidance on Multi-sectoral Action Plans for Nutrition that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, palliative and rehabilitative essential health services, including oral health and mental health services, and essential, safe, affordable, effective and quality medicines and therapeutic foods, while ensuring that the use of these services does not expose users to financial hardship with a special emphasis on the poor, vulnerable and marginalized segments of the population.

6. Under the third action area on social protection and nutrition education, we recommend re-phrasing, "Social protection measures, such as food distribution, cash transfers, income-earning and dignity supplementation in six communities and schools settings, can improve incomes and strengthen resilience."

7. On the fifth action area on safe and supportive environments for nutrition at all ages, we recommend to rephrase, "This means creating the safe and supportive environments for nutrition which can increase incomes and strengthen resilience."

8. We recommend adding one more item to reflect the World Health Organization's (WHO) Guidance on Multi-sectoral Action Plans for Nutrition that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, palliative and rehabilitative essential health services, including oral health and mental health services, and essential, safe, affordable, effective and quality medicines and therapeutic foods, while ensuring that the use of these services does not expose users to financial hardship with a special emphasis on the poor, vulnerable and marginalized segments of the population.

9. In the sixth action area on review, strengthen and promote nutrition governance and accountability, we recommend re-phrasing, "The development and costing of national multisectoral action plans for nutrition that engage multiple stakeholders and are led by a political, multi-sectoral coordinating body are essential requirements for progress. This may be supported under the Action Plan and Global Targets." We also recommend adding an item to reflect the World Health Organization's Guidance on Multi-sectoral Action Plans for Nutrition that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, palliative and rehabilitative essential health services, including oral health and mental health services, and essential, safe, affordable, effective and quality medicines and therapeutic foods, while ensuring that the use of these services does not expose users to financial hardship with a special emphasis on the poor, vulnerable and marginalized segments of the population.

10. As for the modalities of implementation, we are satisfied with its comprehensiveness and clarity. We pose no further comments to this.

11. As for the tables 1 and 2, we recommend inclusion of a nutrition governance action network. This will provide means of exchanging among implementers and the multi-sectoral coordinating bodies on nutrition.