



WORLD DECLARATION ON NUTRITION

1. We, the Ministers and the Plenipotentiaries representing 159 states and the European Economic Community at the International Conference on Nutrition (Rome, December 1992), declare our determination to eliminate hunger and to reduce all forms of malnutrition. Hunger and malnutrition are unacceptable in a world that has both the knowledge and the resources to end this human catastrophe. We recognize that access to nutritionally adequate and safe food is a right of each individual. We recognize that globally there is enough food for all and that inequitable access is the main problem. Bearing in mind the right to an adequate standard of living, including food, contained in the Universal Declaration of Human Rights, we pledge to act in solidarity to ensure that freedom from hunger becomes a reality. We also declare our firm commitment to work together to ensure sustained nutritional well-being for all people in a peaceful, just and environmentally safe world.
2. Despite appreciable worldwide improvements in life expectancy, adult literacy and nutritional status, we all view with the deepest concern the unacceptable fact that about 780 million people in developing countries, 20 percent of their combined population, still do not have access to enough food to meet their basic daily needs for nutritional well-being.
3. We are especially distressed by the high prevalence and increasing numbers of malnourished children under five years of age in parts of Africa, Asia and Latin America and the Caribbean. Moreover, more than 2,000 million people, mostly women and children, are deficient in one or more micronutrients: babies continue to be born mentally retarded as a result of iodine deficiency; children go blind and die of vitamin A deficiency; and enormous numbers of women and children are adversely affected by iron deficiency. Hundreds of millions of people also suffer from communicable and non-communicable diseases caused by contaminated food and water. At the same time, chronic non-communicable diseases related to excessive or unbalanced dietary intakes often lead to premature deaths in both developed and developing countries.
4. We call on the United Nations to consider urgently the issue of declaring an International Decade of Food and Nutrition, within existing structures and available resources, in order to give additional emphasis to achieving the objectives of this World Declaration on Nutrition. Such consideration should give particular emphasis to the food and nutrition problems of Africa, and of Asia, Latin America and the Caribbean.
5. We recognize that poverty and the lack of education, which are often the effects of underdevelopment, are the primary causes of hunger and undernutrition. There are poor people in most societies who do not have adequate access to food, safe water and sanitation, health services and education, which are the basic requirements for nutritional well-being.
6. We commit ourselves to ensuring that development programmes and policies lead to a sustainable improvement in human welfare, are mindful of the environment and are conducive to better nutrition and health for present and future generations. The multifunctional roles of agriculture, especially with regard to food security, nutrition, sustainable agriculture and the conservation of natural resources, are of particular importance in this context. We must implement at family, household, community,

Declaration & UN Instrument

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- national and international levels, coherent agriculture, animal husbandry, fisheries, food, nutrition, health, education, population, environmental, economic and social policies and programmes to achieve and maintain balance between the population and available resources and between rural and urban areas.
7. Slow progress in solving nutrition problems reflects the lack of human and financial resources, institutional capacity and policy commitment in many countries needed to assess the nature, magnitude and causes of nutrition problems and to implement concerted programmes to overcome them. Basic and applied scientific research, as well as food and nutrition surveillance systems, are needed to more clearly identify the factors that contribute to the problems of malnutrition and the ways and means of eliminating these problems, particularly for women, children and aged persons.
 8. In addition, nutritional well-being is hindered by the continuation of social, economic and gender disparities; of discriminatory practices and laws; of floods, cyclones, drought, desertification and other natural calamities; and of many countries' inadequate budgetary allocations for agriculture, health, education and other social services.
 9. Wars, occupations, civil disturbances and natural disasters, as well as human rights violations and inappropriate socio-economic policies, have resulted in tens of millions of refugees, displaced persons, war-affected non-combatant civilian populations and migrants, who are among the most nutritionally vulnerable groups. Resources for rehabilitating and caring for these groups are often extremely inadequate and nutritional deficiencies are common. All responsible parties should cooperate to ensure the safe and timely passage and distribution of appropriate food and medical supplies to those in need, in accordance with the Charter of the United Nations.
 10. Changing world conditions and the reduction of international tensions have improved the prospects for a peaceful solution of conflicts and have given us an opportunity as never before to redirect our resources increasingly towards productive and socially useful purposes to ensure the nutritional well-being of all people, especially the poor, deprived and vulnerable.
 11. We recognize that the nutritional well-being of all people is a pre-condition for the development of societies and that it should be a key objective of progress in human development. It must be at the centre of our socio-economic development plans and strategies. Success is dependent on fostering the participation of the people and the community and multisectoral actions at all levels, taking into account their long-term effects. Shorter-term measures to improve nutritional well-being may need to be initiated or strengthened to complement the benefits resulting from longer-term development efforts.
 12. Policies and programmes must be directed towards those most in need. Our priority should be to implement people-focused policies and programmes that increase access to and control of resources by the rural and urban poor, raise their productive capacity and incomes and strengthen their capacity to care for themselves. We must support and promote initiatives by people and communities and ensure that the poor participate in decisions that affect their lives. We fully recognize the importance of the family unit in providing adequate food, nutrition and a proper caring environment to meet the physical, mental, emotional and social needs of children and other vulnerable groups, including the elderly. In circumstances where the family unit can no longer fulfill these responsibilities adequately, the community and/or government should offer a support network to the vulnerable. We, therefore, undertake to strengthen and promote the family unit as the basic unit of society.

13. The right of women and adolescent girls to adequate nutrition is crucial. Their health and education must be improved. Women should be given the opportunity to participate in the decision-making process and to have increased access to and control of resources. It is particularly important to provide family planning services to both men and women and to provide support for women, especially working women, whether paid or unpaid, throughout pregnancy and breastfeeding and during the early childhood period. Men should also be motivated through appropriate education to assume an active role in the promotion of nutritional well-being.
14. Food aid may be used to assist in emergencies, to provide relief to refugees and displaced persons and to support household food security and community and economic development. Countries receiving emergency food aid should be provided with sufficient resources to enable them to move on from the rehabilitation phase to development, so that they will be in a position to cope with future emergencies. Care must be taken to avoid creating dependency and to avoid negative impacts on food habits and on local food production and marketing. Before food aid is reduced or discontinued, steps should be taken to alert recipient countries as much in advance as possible so that they can identify alternative sources and implement other approaches. Where appropriate, food aid may be channelled through NGOs with local and popular participation, in accordance with the domestic legislation of each country.
15. We reaffirm our obligations as nations and as an international community to protect and respect the need for nutritionally adequate food and medical supplies for civilian populations situated in zones of conflict. We affirm in the context of international humanitarian law that food must not be used as a tool for political pressure. Food aid must not be denied because of political affiliation, geographic location, gender, age, ethnic, tribal or religious identity.
16. We recognize the fact that each government has the prime responsibility to protect and promote food security and the nutritional well-being of its people, especially the vulnerable groups. However, we also stress that such efforts of low-income countries should be supported by actions of the international community as a whole. Such actions should include an increase in official development assistance in order to reach the accepted United Nations target of 0.7 percent of the GNP of developed countries as reiterated at the 1992 United Nations Conference on Environment and Development.⁽¹⁾ Also, further renegotiation or alleviation of external debt could contribute in a substantive manner to the nutritional well-being in medium-income countries as well as in low-income ones.
17. We acknowledge the importance of further liberalization and expansion of world trade, which would increase foreign exchange earnings and employment in developing countries. Compensatory measures will continue to be needed to protect adversely affected developing countries and vulnerable groups in medium- and low-income countries from negative effects of structural adjustment programmes.
18. We reaffirm the objectives for human development, food security, agriculture, rural development, health, nutrition and environment and sustainable development enunciated in a number of international conferences and documents.⁽²⁾ We reiterate our commitment to the nutritional goals of the Fourth United Nations Development Decade and the World Summit for Children.
19. As a basis for the Plan of Action for Nutrition and guidance for formulation of national plans of action, including the development of measurable goals and objectives within time

¹ "Developed countries reaffirm their commitments to reach the accepted United Nations target of 0.7 percent of GNP for ODA and, to the extent that they have not yet achieved that target, agree to augment their aid programmes in order to reach that target as soon as possible and to ensure prompt and effective implementation of Agenda 21. Some countries have agreed to reach the target by the year 2000. ... Those countries that have already reached the target are to be commended and encouraged to continue to contribute to the common effort to make available the substantial additional resources that have to be mobilized. Other developed countries, in line with their support for reform efforts in developing countries, agree to make their best efforts to increase their level of ODA. ..." (Report of United Nations Conference on Environment and Development, Rio de Janeiro, 1992, paragraph 33.13).

² The World Food Conference, 1974; the Alma Ata Conference on Primary Health Care, 1978; the World Conference on Agrarian Reform and Rural Development, 1979; the Convention on the Elimination of All Forms of Discrimination Against Women, 1979, especially articles 12 and 13; the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, 1990; the Montreal Policy Conference on Micronutrient Malnutrition, 1991; the Rio Declaration on Environment and Development, 1992.

frames, we pledge to make all efforts to eliminate before the end of this decade:

- famine and famine-related deaths;
- starvation and nutritional deficiency diseases in communities affected by natural and man-made disasters;
- iodine and vitamin A deficiencies.

We also pledge to reduce substantially within this decade:

- starvation and widespread chronic hunger;
- undernutrition, especially among children, women and the aged;
- other important micronutrient deficiencies, including iron;
- diet-related communicable and non-communicable diseases;
- social and other impediments to optimal breast-feeding;
- inadequate sanitation and poor hygiene, including unsafe drinking-water.

20. We resolve to promote active cooperation among governments, multilateral, bilateral and non-governmental organizations, the private sector, communities and individuals to eliminate progressively the causes that lead to the scandal of hunger and all forms of malnutrition in the midst of abundance.
21. With a clear appreciation of the intrinsic value of human life and the dignity it commands, we adopt the attached Plan of Action for Nutrition and affirm our determination to revise or prepare, before the end of 1994, our national plans of action, including attainable goals and measurable targets, based on the principles and relevant strategies in the attached Plan of Action for Nutrition. We pledge to implement it.

NUTRITION GOALS OF THE FOURTH UNITED NATIONS

DEVELOPMENT DECADE

Member States must give effect to agreements already reached to make all efforts to meet four goals during the decade:

- (a) To eliminate starvation and death caused by famine;
- (b) To reduce malnutrition and mortality among children substantially;
- (c) To reduce chronic hunger tangibly;
- (d) To eliminate major nutritional diseases.

NUTRITION GOALS OF THE WORLD SUMMIT FOR CHILDREN

(to be reached by the year 2000)

- (a) Reduction in severe, as well as moderate malnutrition among under-5 children by half of 1990 levels;
- (b) Reduction of the rate of low birth weight (2.5 kg or less) to less than 10 percent;
- (c) Reduction of iron deficiency anaemia in women by one-third of the 1990 levels;
- (d) Virtual elimination of iodine deficiency disorders;
- (e) Virtual elimination of vitamin A deficiency and its consequences, including blindness;
- (f) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year;
- (g) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s;
- (h) Dissemination of knowledge and supporting services to increase food production to ensure household food security.