

ANNEX 3

HEALTH: SUMMARY LIST OF ACTIONS AND SUB-ACTIONS



Nutrition Interventions Delivered through Reproductive and Paediatric Health Services

Actions	Sub-actions	Evidence Category *
1. Family planning support for optimal birth spacing and to prevent teenage pregnancies as part of reproductive health services	1a. Prevention of adolescent pregnancy	Synthesized evidence
	1b. Voluntary family planning and reproductive health education and support	Synthesized evidence
2. Nutrition interventions through antenatal care, birthing services and postnatal care	2a. Maternal, infant, and child nutrition and health counselling	Synthesized evidence
	2b. Micronutrient supplementation for pregnant and postpartum women	Synthesized evidence
	2c. Long chain polyunsaturated fatty acid supplementation during pregnancy	Synthesized evidence
	2d. Supplementary feeding (balanced energy and protein) during pregnancy	Synthesized evidence
	2e. Nutrition-related illness and disease prevention and management among pregnant and postpartum women	Synthesized evidence and primary studies depending upon the type of intervention, target group and circumstances
	2f. Optimal time of umbilical cord clamping for the prevention of iron deficiency anaemia among infants	Synthesized evidence
	2g. Support for feeding and care of low-birth-weight and very-low-birth-weight infants	Synthesized evidence
	2h. Kangaroo mother care	Synthesized evidence
	2i. Institutionalization of the 10 Steps to Successful Breastfeeding in all facilities that provide maternity services, including via the implementation of the Babyfriendly Hospital Initiative (BFHI)	Synthesized evidence
3. Nutrition interventions through primary paediatric health care during early childhood	3a. Nutrition-related illness and disease prevention and management during early childhood	Synthesized evidence and primary studies, depending upon the type of intervention, target group and circumstances
	3b. Micronutrient supplementation in children	Synthesized evidence
	3c. Infant and young child feeding counselling	Synthesized evidence
	3d. Vaccinations	Synthesized evidence
4. Nutrition interventions through primary paediatric health care during adolescence	4a. Counselling on healthy diets	Synthesized evidence
	4b. Micronutrient supplementation in adolescents	Synthesized evidence

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Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Nutrition assessments as part of reproductive health services, and referral of malnourished pregnant and lactating women to nutrition programmes for the management of acute malnutrition, as appropriate
	1b. Growth monitoring and promotion as part of primary paediatric health services for infants and young children
	1c. HIV testing in pregnant and lactating women to minimize the risk of mother-to-child transmission of HIV through breastfeeding
	1d. Vulnerability assessment and early warning analysis
	1e. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1f. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between policies/strategies on maternal/reproductive, neonatal, child and other nutrition-related health, social protection, agriculture/food, trade, labour, nutrition and other relevant cross-cutting issues
3. Legislation, regulations/ standards, protocols and guidelines	3a. Development of national growth charts
	3b. Implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions and national measures adopted to give effect to these
	3c. Legislation and regulation on marketing of food and non-alcoholic beverages and food safety to protect healthy diets
	3d. Implementation of maternity protection measures in accordance with ILO Maternity Protection Convention No. 183 (2000) and Recommendation No. 191 (2000)
	3e. Legislation on minimum age for marriage to prevent child marriage and adolescent pregnancy in an effort to safeguard nutrition among adolescent girls, infants and young children
	3f. Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care, and the prevention and management of nutrition-related illnesses/diseases
3g. Legislation on compulsory education for girls and boys	
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
	4b. Fiscal policy to support adequate education for girls and boys
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, education, social protection, agriculture/food, trade, labour and nutrition planning and implementation at the national and decentralized levels
6. Insurance	6a. Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status
7. Social norms: Education/ sensitization, behaviour change communication (BCC) and social marketing	7a. Promotion of uptake of reproductive and primary paediatric health services through which nutritional support is provided
	7b. Social marketing campaigns about nutrition behaviours related to reproductive and paediatric health services
	7c. Promotion of increased access to education, particularly for girls, to help prevent adolescent pregnancy
8. Coordination	8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding reproductive and paediatric health services to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
9. Other enabling environment actions	9a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Micronutrient Supplementation

Actions	Sub-actions	Evidence Category *
1. Micronutrient supplementation schemes in women of reproductive age	1a. Intermittent iron and folic acid supplementation in non-pregnant women and adolescent girls	Synthesized evidence
	1b. Daily iron and folic acid supplementation in non-pregnant women and adolescent girls	Synthesized evidence
	1c. Folic acid supplementation in women who are trying to conceive (periconceptual folic acid supplementation)	Synthesized evidence
2. Micronutrient supplementation schemes in pregnant women	2a. Daily iron and folic acid supplementation during pregnancy	Synthesized evidence
	2b. Intermittent iron and folic acid supplementation in non-anaemic pregnant women	Synthesized evidence
	2c. Vitamin A supplementation in pregnant women	Synthesized evidence
	2d. Calcium supplementation in pregnant women	Synthesized evidence
	2e. Iodine supplementation in pregnant women	Synthesized evidence
	2f. Multiple micronutrient supplements in pregnant women	Synthesized evidence
	2g. Zinc supplementation in pregnant women	Synthesized evidence
3. Micronutrient supplementation schemes in lactating women	3a. Daily iron and folic acid supplementation in postpartum women	Synthesized evidence
	3b. Iodine supplementation in lactating women	Synthesized evidence
4. Micronutrient supplementation schemes in infants and children	4a. Neonatal vitamin K supplementation	Synthesized evidence
	4b. Daily iron supplementation for infants and children	Synthesized evidence
	4c. Intermittent iron supplementation for infants and children	Synthesized evidence
	4d. Vitamin A supplementation in children 6–59 months old	Synthesized evidence
	4e. Multiple micronutrient powders for children 6–23 months old	Synthesized evidence
	4f. Iodine supplementation in children 6–23 months old	Synthesized evidence
	4g. Zinc supplementation in children 6–59 months old	Synthesized evidence
5. Micronutrient supplementation in other circumstances	5a. Oral rehydration treatment with zinc in children under five years old	Synthesized evidence
	5b. Vitamin A supplementation to children with measles	Synthesized evidence
	5c. Micronutrient supplementation in very low-birth-weight infants	Synthesized evidence
	5d. Vitamin E supplementation in preterm infants	Synthesized evidence

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Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Assessment of micronutrient status
	1b. Vulnerability assessment and early warning analysis
	1c. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1d. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between policies/strategies on maternal/reproductive health, neonatal health, child survival and health, and adolescent health, food and agriculture (e.g. fortification) and nutrition
3. Legislation, regulations/standards, protocols and guidelines	3a. Legislation and standards/regulation on micronutrient supplementation and recommended doses to ensure safety for human intake
	3b. Protocols for the prevention and treatment of micronutrient deficiencies
	3c. Support for the registration of and other nutrition governance measures for introducing new micronutrient supplementation products, as appropriate
	3d. Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care and the prevention and management of nutrition-related illnesses/diseases
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, and nutrition planning and implementation
6. Insurance	6a. Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status
7. Social norms: Education/sensitization, BCC and social marketing	7a. Nutrition education and BCC on micronutrient supplementation
8. Coordination	8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Micronutrient Supplementation to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
9. Other enabling environment actions	9a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Management of Acute Malnutrition

Actions	Sub-actions	Evidence Category *
1. Management of severe acute malnutrition (SAM)	1a. Outpatient management of SAM	Synthesized evidence
	1b. Inpatient management of SAM	Synthesized evidence
2. Management of moderate acute malnutrition (MAM)	2a. Targeted supplementary feeding to treat MAM	Synthesized evidence
	2b. Blanket supplementary feeding	Synthesized evidence
	2c. Enhanced nutrition counselling	Primary studies



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Adoption of mid-upper arm circumference (MUAC) and WHO child growth standards to facilitate the identification of individuals with severe or moderate acute malnutrition
	1b. Identification of severe acute malnutrition in children under 5 years old
	1c. Vulnerability assessment and early warning analysis
	1d. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1e. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. The production, import and use of specially formulated foods for the management of acute malnutrition are integrated into the national policy/strategies for nutrition, agriculture/food, trade and industry, social protection and any cross-cutting infant and young child feeding (IYCF) policies to increase policy coherence
3. Legislation, regulations/ standards, protocols and guidelines	3a. Development and implementation of national protocol(s) for managing acute malnutrition based on WHO standards and guidelines
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, trade, agriculture/ food, industry, social protection, and nutrition planning and implementation
6. Trade	6a. Leverage analytical tools, capacity development efforts and governance mechanisms to enable nutrition considerations (related to the management of acute malnutrition) to be raised in international and national trade fora
7. Infrastructure and technology	7a. Food technology support for local production of specially formulated foods for the management of acute malnutrition in accordance with prevailing international standards, developed by WHO, on local manufacturing of ready-to-use foods so as to help ensure the availability of these foods
8. Coordination	8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding the Management of Acute Malnutrition to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
9. Other enabling environment actions	9a. Availability of credit/microcredit and microfinance to farmers, agribusiness and food processors, targeting both men and women, to increase the availability of specially formulated foods used to manage acute malnutrition
	9b. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders

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Nutrition-related Disease Prevention and Management

Actions	Sub-actions	Evidence Category *
1. Anti-anaemia actions	1a. Iron supplementation	Synthesized evidence
	1b. Deworming to combat the health and nutritional impact of intestinal parasitic infections	Synthesized evidence
	1c. Intermittent preventive treatment of malaria for pregnant women	Synthesized evidence
	1d. Distribution of insecticide-treated bednets for malaria control	Synthesized evidence
2. Diarrhoea management for improved nutrition	2a. Zinc supplementation in the management of diarrhoea	Synthesized evidence
	2b. Water, sanitation and hygiene interventions to prevent diarrhoea	Synthesized evidence
3. Nutritional care and support in HIV prevention and management	3a. Infant feeding counselling and support to HIV-positive mothers for improving HIV-free survival	Synthesized evidence
	3b. Supplementation (macronutrient for PLWHIV/AIDS and micronutrient supplementation in HIV-infected women during pregnancy)	Synthesized evidence
	3c. Nutrition counselling for adolescents and adults living with HIV/AIDS	Synthesized evidence
4. Nutritional care and support for tuberculosis (TB) patients	4a. Nutrition counselling for people with TB	Synthesized evidence
	4b. Micronutrient supplementation in individuals with active TB	Synthesized evidence
	4c. Management of moderate acute malnutrition in individuals with active TB	Synthesized evidence
	4d. Management of severe acute malnutrition in individuals with active TB	Synthesized evidence
5. Nutritional care and support of children with measles	5a. Micronutrient supplementation to children with measles	Synthesized evidence
6. Nutritional care and support of individuals with Ebola virus disease	6a. Supplementation to children and adults with Ebola virus disease in treatment centres	Practice-based studies
7. Prevention and management of nutrition-related noncommunicable diseases (NCDs)	7a. Counselling on healthy diets, using food-based dietary guidelines, and on the importance of physical activity to prevent overweight, obesity and nutrition-related NCDs	Synthesized evidence

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Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Nutritional assessment as part of routine care of HIV-infected children and individuals with active TB
	1b. Nutrition assessments (e.g. weight, height, BMI, waist/hip circumference, blood pressure, diabetes) as part of prevention and management to help prevent and manage overweight and obesity and diet-related NCDs
	1c. HIV testing in pregnant & lactating women to minimize the risk of mother-to-child transmission of HIV through breastfeeding
	1d. Vulnerability assessment and early warning analysis
	1e. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1f. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between health policies and strategies which cover nutrition-related infectious diseases and NCDs, reproductive, neonatal and child health, as well as policies/strategies on agriculture/food, trade, education, social protection and nutrition
3. Legislation, regulations/ standards, protocols and guidelines	3a. Implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes, related World Health Assembly resolutions, and national measures adopted to give effect to these
	3b. Legislation and standards/regulation on macronutrient (food) and micronutrient supplementation and the prevailing WHO recommended doses for people with the above infectious diseases to ensure safety for human intake in view of their disease/health status
	3c. Food labelling in accordance with the Codex Alimentarius Guidelines and Standards, as appropriate
	3d. Legislation and regulation to support healthy diets as part of the efforts to address overweight and obesity and diet-related NCDs
	3e. Legislation and regulation of marketing of food and non-alcoholic beverages and food safety, including to children, so as to protect healthy diets
	3f. Formulation and implementation of national, food-based dietary guidelines
	3g. Formulation or updating of national protocol(s) for preventing and managing nutrition-related infectious diseases and NCDs
	3h. Promotion of universal health coverage to improve access to nutrition-related health services on reproductive health, primary paediatric health care and the prevention and management of nutrition-related illnesses/diseases
4. Fiscal policy	4a. Taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, trade, education, social protection, and nutrition planning and implementation
6. Insurance	6a. Health insurance to increase uptake of nutrition-related health services coupled with enhanced health services and health workforce to foster good health and nutritional status
7. Social norms: Education/ sensitization, BCC and social marketing	7a. Promotion of uptake of health services for nutrition-related diseases through which nutritional interventions are provided
	7b. Social marketing campaigns to promote health behaviours related to Nutrition-related Disease Prevention and Management
8. Coordination	8a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Nutrition-related Disease Prevention and Management to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
9. Other enabling environment actions	9a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders



Water, Sanitation and Hygiene for Good Nutrition

Actions	Sub-actions	Evidence Category *
1. Hygiene promotion to support good nutrition	1a. Handwashing education and promotion at critical periods	Primary studies
	1b. Provision of handwashing supplies and handwashing stations/tippy taps	Synthesized evidence
	1c. Food hygiene promotion and support	Primary studies
	1d. Environmental hygiene promotion and support for domestic hygiene	Primary studies
2. Sanitation systems and management to support good nutrition	2a. Community approaches to improving sanitation	Primary studies
	2b. Latrine construction and rehabilitation and excreta disposal management	Primary studies
	2c. Sanitation support for infants and toddlers	Primary studies
	2d. Sanitation support for vulnerable groups	Primary studies
3. Water quantity and quality to support good nutrition	3a. Improvement of water supply systems and services to improve access to safe drinking water	Synthesized evidence
	3b. Household water treatment and safe storage support	Synthesized evidence
	3c. Provision of safe water during special circumstances	Primary studies



Enabling Environment

Actions	Sub-actions
1. Assessment and information	1a. Vulnerability assessment and early warning analysis
	1b. Promotion of operational research about nutrition impacts of sub-actions covered by this thematic area
	1c. M&E of sub-actions covered by this thematic area
2. Policy coherence	2a. Policy coherence between policies/strategies on water, sanitation, hygiene, health, agriculture, education, trade, social protection and nutrition
3. Legislation, regulations/ standards, protocols and guidelines	3a. Legislation and regulations on, or relevant to sanitation, water quality, environmental health and public health
	3b. Formulation/review of national water and sanitation standards
4. Fiscal policy	4a. WASH-related taxes and subsidies to support good nutrition
5. Planning, budgeting and management	5a. Capacity development/strengthening to enable nutrition to be reflected in health, agriculture/food, trade, education, social protection and nutrition planning and implementation
6. Social norms: Education/ sensitization, BCC and social marketing	6a. Water, sanitation and hygiene education, BCC and social marketing, emphasizing the links between poor WASH and undernutrition
7. Coordination	7a. Capacity development/strengthening of governance mechanisms to enable nutrition considerations regarding Water, Sanitation and Hygiene for Good Nutrition to be raised in political fora and the coordination of coherent, multi-sectoral nutrition action at the country level
8. Other enabling environment actions	8a. Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders

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