



# **Micronutrient FORUM**

**Strategic Plan  
2014-2016**

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## **STEERING COMMITTEE APPROVAL**

This plan was approved by the Micronutrient Forum Steering Committee members for implementation with effect from 1 January 2014 to 31 December 2016.

## EXECUTIVE SUMMARY

Poor nutrition, including micronutrient malnutrition, remains a critical global health challenge. The Micronutrient Forum (MN Forum) envisions a world where all people have access to all essential micronutrients at levels needed to promote health and prevent disease. The MN Forum is a consultative group of experts in food and nutrition with particular expertise in micronutrients, from academia and diverse normative, policy and implementing organizations across the globe who aspire to bridge scientific advances with policy and programs across multiple sectors.

Through specific activities implemented over the next three years (2014-2016), this strategic plan outlines an approach to address key barriers that hinder the ability of individuals or populations to achieve micronutrient adequacy.

Through its biennial global meeting and ongoing activities, the MN Forum will work toward the following strategic goals:

- Identify available evidence and gaps along the continuum from basic science to applied and implementation research and foster gap filling
- Foster scale up and sustainability of evidence-based effective programs to contribute to improved access to diverse micronutrient-rich foods
- Provide a platform to foster collaboration and coordination at the global, regional, national and community levels
- Nurture capacity and leadership development across the scope needed for micronutrient programs

It is anticipated that the activities of the MN Forum will extend influence on the many stakeholder groups with an interest in micronutrients. In turn, this may lead to increased support for research and dissemination of findings that can be used to inform programs and policy making, as well as the engagement of multiple sectors in dialogue to continue the development and implementation of appropriate research and evidence-based policies and programs.

## **OVERVIEW**

### **BACKGROUND AND JUSTIFICATION**

The Micronutrient Forum (MN Forum) serves as a global catalyst and convener for sharing expertise, insights and experience relevant to micronutrients in all aspects of health promotion and disease prevention, with special emphasis on the integration with relevant sectors. The primary objective of the MN Forum is to foster dialogue among the research, policy, clinical, program and private sector communities to facilitate the translation of evidence for policy and program planning and to inform research needs and priorities based on evidence gaps to support programs. At its biennial global meeting, the MN Forum invites individuals from across sectors to present their latest research and operational findings related to the promotion of adequate intake of micronutrients and the prevention and control of deficiencies.

The MN Forum was first established in 2006, merging the International Nutritional Anemia Consultative Group (INACG) and the International Vitamin A Consultative Group (IVACG). Funding for these groups and this transition was provided by the United States Agency for International Development. These two groups brought to the MN Forum more than 30 years of global experience in research, policy and program issues related to iron and vitamin A. Two highly successful MN Forum global meetings were held in 2007 in Istanbul and in 2009 in Beijing. Following a transition period with no active MN Forum, a group of individuals with common interests in diverse issues related to micronutrients met in 2011 to review the purpose and viability of the MN Forum. An assessment conducted on the MN Forum in 2011 reported the need for its continuation due to its perceived usefulness as a means for exchanging scientific, programming and policy information on micronutrients among scientists and public health professionals (Darnton-Hill 2011). It recommended that future MN Forum groups continue their focus on effective scaling up of programs and improved biomarkers, monitoring and evaluation, and multi-sector integration of micronutrient activities. The resulting MN Forum is built on a broad foundation of technical and financial support. Leadership is provided by a Steering Committee of about 15 individuals actively involved in issues related to micronutrients from academia and diverse normative, policy and implementing organizations across the globe. Coordination is provided by a Secretariat currently hosted at the Micronutrient Initiative in Ottawa, Canada.

### **VISION**

A world where all people have access to all essential micronutrients at levels needed to promote health and prevent disease

### **MISSION**

To be a global leader bridging scientific knowledge with policy and programs across multiple sectors by providing support for capacity development and continuous dialogue for action to

ensure the full integration of nutrition, and in particular the importance micronutrient adequacy, in health promotion and disease prevention throughout the life cycle

## ISSUES AND BARRIERS TO ACHIEVING KEY NUTRITION GOALS

There are a variety of issues and barriers that hinder the ability of an individual or population to achieve nutritional, and in particular micronutrient adequacy. These barriers are related to gaps in **KNOWLEDGE**, in the **DELIVERY** of effective programs, and in **ENABLING ENVIRONMENT** needed to support such efforts.

1. **Lack of sufficient evidence** throughout the continuum from basic science through to applied and implementation research

Micronutrient research is a growing field that requires continued investment in all types of research and evidence building activities to respond to emerging global needs and trends, and to take advantage of new advances and expanded use of current knowledge. For example, there remain gaps in accurate and feasible assessment of a) dietary intake, b) the prevalence of micronutrient deficiency and c) functional outcomes that are essential for developing evidence-based nutrition interventions, programs and policies. The development of precise dietary reference intakes, identification of reliable biomarkers and application of the growing science of nutrient-gene interactions may each provide us with new and important insights into applied and implementation research (Kraemer et al. 2012).

The interactions between nutrition and disease have been long documented, yet the biology of many of these, for example iron and infection, is still not fully understood. Such gaps in evidence lead to inconsistent messages about specific nutrition interventions and create confusion in the program community, clearly illustrated for example by the on-going discussions related to iron and malaria.

Moreover, a greater understanding of how to effectively implement and scale up efficacious nutrition interventions in clinical care and public health is also urgently needed. Nutrition-sensitive interventions and programs designed to address the underlying determinants of nutrition have great potential to accelerate progress in nutrition and improve the effectiveness of nutrition-specific programs (Ruel et al. 2013). However, rigorous evaluations of nutritional interventions in key sectors including agriculture, social protection, early child development and education are lacking. More evidence on the impact and cost-effectiveness of such programs and interventions is required to more comprehensively and efficiently address micronutrient intake and deficiency. To fully address these diverse evidence gaps, nutrition research must expand its methods and approaches beyond basic causality research and efficacy trials to include a greater focus on implementation and community-based participatory

research (Pelletier et al. 2013). The need for such research has been recognized in other areas of health. Improving delivery and implementation of existing interventions were identified as the key research priorities above other domains of research among childhood diarrhoeal disease experts (Wazny et al. 2013) emphasizing the need to fill this important research gap.

The nutrition community also lags behind in utilizing technological advances to support nutrition objectives and program management. For example, by taking advantage of high cell phone coverage, even in many rural areas of low-income countries.

## **2. Insufficient and ineffective programs at scale due to poor enabling environment and barriers to accessibility of quality and diverse foods**

Many interventions have proven impacts on micronutrient intake, status and functional outcomes, including dietary diversification, bio-fortification, fortification and supplementation (Bhutta et al. 2013). Other micronutrient interventions save lives among those with inadequate micronutrient status, such as high-dose vitamin A supplementation (Imdad et al. 2010) and zinc with oral rehydration solution for the treatment of diarrhea (Walker & Black 2010). Some such programs, including biannual vitamin A supplementation to children 6-59 months of age and salt iodization programs, have been implemented at scale with success in many countries (UNICEF 2009). However, insufficient numbers and ineffective implementation limit the reach and impact of programs that integrate other micronutrient interventions. For example, a recent global assessment suggests home fortification interventions primarily targeting young children have expanded rapidly in low and middle income countries during the last five years, but few are at national scale and many questions remain about the best ways to effectively implement and scale up these interventions (UNICEF & CDC 2013) and the safety of the intervention in some contexts (Bhutta et al. 2013). Some programs have been implemented in most countries for decades (e.g., iron-folic acid supplementation programs for pregnant women) but impact is limited by many diverse supply and demand issues (Sanghvi et al. 2010). For others, in particular food based approaches and mass food fortification programs, there is limited information available about global coverage or the quality of implementation of existing programs.

The effectiveness of micronutrient interventions and their scale up are limited by multiple barriers that may contribute to a poor enabling environment. The 2008 Micronutrient Forum Innocenti meeting identified important overarching issues limiting the number and scale up of effective programs (Klemm et al. 2009). These included poor communication and coordination among stakeholders at all levels; lack of effective engagement with the broader nutrition, health, development and private sectors; weak program monitoring and evaluation; limited funds for nutrition and relevant implementation research; and inadequate guidance and empowerment at the country level to systematically assess needs and carry out evidence-based decision-making (Klemm et al. 2009).

Furthermore, one of the greatest challenges facing the world today is not a lack of sufficient food, but rather lack of access by many, particularly the poor, to the right foods in the right amount and to diverse, micronutrient-rich diets. Improvements in agricultural conditions and interventions may inadvertently intensify the widespread problem of micronutrient deficiencies by limiting access and availability of nutritious foods and high-quality diets. Increased production of staple cereals has been the focus of past agricultural policies and technological advances; however, similar productivity increases have not been seen for other food commodities. As a result, this has led to lower prices for staple foods and higher prices for nutrient-rich non-staple foods such as animal products, pulses, fruits and vegetables, thus making dietary energy more affordable to the poor while increasing the cost of dietary quality (Bouis et al. 2011). Recent food commodity price increases have also led to reductions in food consumption worldwide, with a disproportionately greater effect on those in poor countries (Green et al. 2013). Additionally, obesity and related chronic diseases among the poor are on the rise as countries now face the double burden of under- and overnutrition, which highlights the need for further understanding of these relationships in the changing food system. Micronutrient deficiencies are now prevalent both among the undernourished and those who are overweight or obese. Expansions in agricultural production and productivity are imperative for improving nutrition; however, a greater focus on nutrient-rich foods is essential to increase access of quality and diverse foods for all (FAO 2013).

3. **Lack of leadership, coordination and communication** from clinical care providers and the research community to those involved in public health and policy makers

*“Leadership has been described as a process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task.” (Wikipedia)*

The most important prerequisites for the creation of a motivating climate are effective leadership, the establishment of a shared value system and ensuring that sound ethics operate in a group or organization. Real leadership in today’s complex nutrition environment entails far more than filling the role of planning tasks and giving direction and support. It involves creating a motivating and enabling environment that ensures that individuals themselves, through aligned commitment, are empowered to do the right things and to do them correctly. In many instances leadership is misinterpreted as being management. Similarly, it has become recognized that solving today's nutrition challenges requires not only direct nutrition interventions but also cross discipline interaction and the alignment of other nutrition sensitive agendas, including health, agriculture and social protection (Gillespie et al. 2013). This makes stakeholder management and communication between nutrition professionals and across numerous disciplines critical. The breaking down of the silos that result in groups functioning in isolation with an inward focus and vertical communication is critical when it comes to addressing and eradicating micronutrient malnutrition. The governance of stakeholders in the nutrition community, including national governments, civil society, international and regional

organizations, academia, and private sector companies, has been fragmented in recent years making it difficult to increase progress on reducing undernutrition (Morris et al. 2008). The Scaling Up Nutrition (SUN) movement is an example of a global initiative that emerged as a means to provide a framework and platform for enhancing coordination and cooperation among these stakeholders and is gaining momentum; however it is not without challenges, such as collaboration between and within ministries, undefined roles and responsibilities, and the absence or insufficient foundation of effective policies and political commitments (Scaling Up Nutrition 2010).

4. **Capacity development lagging behind** nationally, regionally and globally to meet the current and future needs of research, policy and programs across and within sectors

*“Capacity building focuses on understanding the obstacles that inhibit people, governments, international organizations and non-governmental organizations from realizing their developmental goals while enhancing the abilities that will allow them to achieve measurable and sustainable results.” (Wikipedia)*

One barrier to developing capacity in the field of nutrition is the frequent use of the term “capacity building” without a clear or in-depth understanding of what it includes and requires. Capacity building goes beyond ensuring and expanding academic qualifications of individuals in the field of nutrition; it includes the development of often unrecognized skills of leadership, advocacy and negotiation.

The United Nation’s Development Programme defines capacity building as a long-term continual process of development that involves all stakeholders including ministries, local authorities, non-governmental organizations, professionals, community members, academics and others. Capacity building uses a country’s human, scientific, technological, organizational, and institutional and resource capabilities. Thus capacity building must take place on individual, community, institutional and societal levels.

At the individual level it is necessary to develop conditions that allow individual participants to build and enhance existing knowledge and skills. It also calls for the establishment of environments that will allow individuals to engage in the process of learning and adapting to change. Community capacity building must be used to develop public administrators that are responsive and accountable. At the institutional level, capacity building should involve supporting existing institutions in forming sound policies, productive organizational structures and effective management. At the societal level, capacity building should support the establishment of a more interactive public administration that learns equally from its actions and from feedback it receives from the population at large.

This strong capacity at all levels is required to adequately and sustainably implement proven interventions that can significantly reduce undernutrition. The 2013 Lancet Series Paper 4 (Gillespie et al. 2013) highlights the need for developing “leaders, champions, catalysts, and policy entrepreneurs in the development of beneficial policy changes” to combat malnutrition. Investing in future leaders through training programs and academic curricula for young nutrition professionals, particularly in high-burden regions, is critical for effecting and sustaining policy and political change. Yet this investment is challenging as it requires substantial commitment from governments and donors as well as a common understanding of the types of capacity that are required for successful scale up of key nutrition interventions (Gillespie et al. 2013).

## **STRATEGY FOR TAKING ACTION**

### **STRATEGIC APPROACH**

The new MN Forum is envisioned as a consultative group that:

- Facilitates opportunities and encourages links among the research, clinical, policy, program and private sector communities charged with the design, implementation and integration of programs that have the potential to improve micronutrient intake and status of individuals and populations, taking into consideration changing demographics and epidemiology. These communities include nutrition, health, agriculture, social protection and others.
- Articulates strategic clarity and guidance for those developing and implementing micronutrient-related research, policy, programs and evaluations. This may be carried out through collaborative/commissioned publications such as review papers and/or activities such as workshops or meetings in which participants are updated on the science relevant to micronutrients – from biology to implementation – and the translation of such evidence for improving the development, delivery and evaluation of policies and programs. This includes the causes and consequences of deficiencies and excesses, efficacy of interventions and delivery in diverse program contexts, and identification of evidence and knowledge gaps.
- Supports dialogue and information dissemination among the research, private sector, policy and program communities that continues beyond the biennial MN Forum meetings.
- Identifies priorities and advocates for research, with a particular emphasis on implementation science and other research gaps that facilitate better programming for micronutrients.

These efforts are meant to complement those of existing nutrition, health and other relevant associations and interest groups working on issues relevant to micronutrients from across multiple sectors, such as SUN.

## STRATEGIC GOALS AND ACTIVITIES

The MN Forum will strive to contribute to six key strategic goals. These goals respond to specific long-term needs within the community of interest of micronutrients and were developed to contribute to global nutrition goals, keeping in mind the role of the MN Forum as a consultative group.

The following section identifies examples of activities that will be undertaken by the MN Forum over the next three years (2014 to 2016) to strive towards making concrete contributions to the achievement of our key goals. During the final year, building toward and as result of the 2016 MN Forum biennial meeting, the Steering Committee will review and update these activities as needed, given advances and progress in the field.

### **Strategic goal #1:**

Identify available evidence and gaps along the continuum from basic science through to applied and implementation research and foster gap filling

#### Activities:

Though the biennial meetings, the MN Forum will **disseminate** recent evidence on the magnitude, distribution and trends in micronutrient intake and status, their functional consequences, and efficacy, coverage and impact of interventions and programs to address them. Recent advances in diagnostics, the relation between micronutrients and disease, and novel advances in research related diverse topics relevant for micronutrients will be highlighted. Moreover, the MN Forum will **develop and disseminate** research agendas to the donor and research communities and **provide a platform** for the exchange of evidence needs among different stakeholders and sectors with an interest in micronutrients. The MN Forum aims to foster and collate the generation of knowledge that these activities will create as it can predict and assess the impact of global trends on micronutrient adequacy.

The MN Forum will aim to ensure that efforts to address micronutrient adequacy maintain relevance in a changing global context and drive the evidence needed to do this. It will **identify and highlight evidence gaps** regarding cost-effective and sustainable investments in micronutrient solutions and **disseminate** that information across sectors. Furthermore, it will **generate awareness** of implications of global trends now and in the future for micronutrient adequacy.

### **Strategic goal #2:**

Foster scale-up and sustainability of evidence-based effective programs to contribute to improved access to diverse micronutrient-rich foods

#### Activities:

The MN Forum will **advocate** for evidence-based policies and programs that promote adequate micronutrient intakes and improved regulation and enforcement of such policies. Furthermore, it will allow experts, stakeholders and others to come together to **identify, articulate and disseminate** examples of public and private sector strategies to stimulate increased demand for micronutrient solutions. It will also **promote** utilization of implementation research and frameworks that are necessary to support successful program design, implementation and scale up. These efforts will encompass the scope of programs relevant for micronutrient intake from agriculture, bio-fortification and dietary diversification, to supplementation and food fortification.

The MN Forum will aim to **identify and improve** ways to incorporate nutrition into public and private sector agriculture policies and programs, as well as in social protection, and will strive to **promote** policies and programs that address access and consumption of diverse micronutrient-rich foods across the spectrum of contexts where micronutrient inadequacies exist, including regions affected by under- and overnutrition. This will encompass proactive efforts to engage with various stakeholders in agricultural, social protection, policy, regulatory and private sectors to seek their insights into priorities for the MN Forum and to encourage their active participation in the biennial meeting.

### **Strategic goal #3:**

Provide a platform to foster collaboration and coordination at the global, regional and national levels

#### Activities:

Multiple partnerships, a focus on high burden populations, implementation of high impact solutions, empowerment of women and mutual accountability are required as we head to the Millennium Development Goals deadline and look beyond 2015 to the world we want to create for future generations. In addition to excellent knowledge and practice in nutrition, stakeholder and situation awareness, coordination and good communication skills are essential for nutrition leaders. The MN Forum offers all stakeholders the opportunity to exchange ideas and collaborate towards creating innovative thinking to ensure that the universal right to adequate food and nutrition is delivered and accessible to all.

The MN Forum will **facilitate access** to and exchange of knowledge and expertise, including identifying and filling gaps. It will **foster alignment** among sectors and **engage** with and support existing micronutrient interest groups (e.g. SUN, REACH and other micronutrient specific groups) and explore their future continuity. This will be done at global level on a

continual basis: before, during and after the MN Forum biennial meetings. Opportunities to engage in a similar manner at regional and national levels to maximize collaboration and coordination will also be explored as activities beyond the biennial meeting are identified and prioritized.

**Strategic goal #4:**

Nurture capacity and leadership development across the scope needed for micronutrient programs

Activities:

The MN Forum aims to instill an understanding of and appreciation for capacity building in all its many facets by acting as a catalyst and convener for sharing scientific advances and multi-sectoral program needs and experiences relevant to the control of micronutrient deficiencies and their consequences around the globe. The MN Forum offers individuals a wide range of opportunities in cross cutting areas of expertise to learn, engage and interact with one another towards improving micronutrient nutrition in their countries. At the institutional level, the MN Forum 2014 program has been designed to ensure that delegates leave with concepts and knowledge of the latest evidence in programs, policies, monitoring and evaluation to strengthen local micronutrient initiatives.

Specifically, the MN Forum aims to **identify and develop** future leaders nationally, regionally and globally to meet the current and future needs of research, policy and programs across and within sectors. Increased capacity development and leadership is needed to effectively design and implement micronutrient programs. It will strive to nurture this development and also foster retention of capacity in countries at various institutional levels. In turn, it will **provide opportunities** for junior professionals to contribute to the mission and objectives of the MN Forum and **motivate and stimulate** long-term career paths in fields relevant to micronutrient research and programs.

## **OUTPUTS OF THE MICRONUTRIENT FORUM**

Outputs of the MN Forum throughout the three year duration of the current strategic plan (2014-2016) will range from the 2014 global meeting and ongoing activities, conference proceedings, and research agendas to those that aim to ultimately reach the broader mission of ensuring micronutrient adequacy for survival and optimal health throughout the life cycle.

### **Outputs of the MN Forum's biennial meeting and beyond**

The activities of the MN Forum are anticipated to extend influence on the many stakeholder groups with an interest in micronutrients from the academic to the normative, policy and program communities, and the private sector.

The 2014 global meeting itself will be the primary output of the MN Forum during the current strategic plan period. Through its biennial meeting, the MN Forum will promote rapid dissemination of new science related to multiple areas relevant for micronutrients and foster translation of such evidence for the stakeholder communities.

Proceedings of the meeting will be disseminated by multiple means including:

- Publication of symposium paper series in prestigious peer reviewed journals
- Publication of summary reports and extended abstracts in open access journals with high distribution among the stakeholder communities
- Access to all conference abstracts and select additional materials via the MN Forum website ([www.micronutrientforum.org](http://www.micronutrientforum.org))

In response to issues raised at the 2014 global meeting, consultations, workshops and/or commissioned papers will be arranged. Through the MN Forum website, regular updates, key resources and opportunities for early career professionals (e.g., research, program and policy) will be available and disseminated.

The Steering Committee has already begun initial planning in anticipation of the 2016 global meeting and anticipates announcing the location and theme at the 2014 meeting.

## RESOURCES

The revitalization of the MN Forum has been possible due to the generous contributions of our Founding Donors<sup>1</sup>. Founding donor funds were provided for the express purpose of supporting all efforts necessary to form and bring together the Steering Committee, identify and sustain the Secretariat, and move forward plans for the 2014 global meeting to such a point that additional funding could be raised. The MN Forum Steering Committee is exceedingly grateful for these contributions, without which there would be no MN Forum. The contributions made, without expectation of specific benefits for the donor, highlights clearly the perceived need for the MN Forum.

Funding for the 2014 global meeting was secured through the generous support of a Conference Grant from the Bill and Melinda Gates Foundation. Additional support for the 2014 meeting and for future biennial meetings is anticipated mainly from Sponsors<sup>2</sup>. The MN Forum will continue to engage potential Donors and Sponsors to support the on-going activities beyond the 2014 meeting and anticipate the development of a business plan for such efforts during early 2014.

The Founding Donors of the Micronutrient Forum are:

- Bill & Melinda Gates Foundation
- Micronutrient Initiative
- Centers for Disease Control and Prevention
- Sight and Life
- Harvest Plus
- National Institutes of Health
- Global Alliance for Improved Nutrition

The MN Forum also gratefully recognizes the contributions from Sponsors of the 2014 meeting; specific recognition for these contributions are posted on the MN Forum website.

Because the MN Forum is dependent on funding from its Donors and Sponsors, the priorities and potential outputs identified beyond the 2014 meeting will be used as the basis for this fundraising, maintaining focus for the current period on the priority areas identified in this plan.

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<sup>1</sup> The MN Forum defines Founding Donors as those organizations that contributed funds that permitted the formalization and function of the Steering Committee and Secretariat and thus facilitated the revitalization of the MN Forum.

<sup>2</sup> The MN Forum defines Sponsors as those organizations that have contributed funds to support the 2014 global meeting and future biennial meetings in accordance with the terms of the MN Forum's Sponsorship Prospectus.

## REFERENCES

- Bhutta, Z. A., Das, J. K., Rizvi, A., et al. (2013). Maternal and Child Nutrition 2 Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? , Published online June 6, 2013 [http://dx.doi.org/2010.1016/S0140-6736\(2013\)60996-60994](http://dx.doi.org/2010.1016/S0140-6736(2013)60996-60994).
- Bouis, H. E., Eozenou, P. & Rahman, A. (2011). Food prices, household income, and resource allocation: socioeconomic perspectives on their effects on dietary quality and nutritional status. *Food and Nutrition Bulletin*, 32(1), 14S-23S.
- Darnton-Hill, I. (2011). Micronutrient Forum: Past, present, future. Boston/Sydney, Tufts University/University of Sydney.
- FAO. (2013). State of food and agriculture: foods systems for better nutrition. Rome.
- Gillespie, S., Haddad, L., Mannar, V., et al. (2013). The politics of reducing malnutrition: building commitment and accelerating progress. *Lancet*, Published online June 6, 2013 [http://dx.doi.org/2010.1016/S0140-6736\(2013\)60842-60849](http://dx.doi.org/2010.1016/S0140-6736(2013)60842-60849).
- Green, R., Cornelsen, L., Dangour, A. D., et al. (2013). The effect of rising food prices on food consumption: systematic review with meta-regression. *British Medical Journal*, 346.
- Imdad, A., Herzer, K., Mayo-Wilson, E., et al. (2010). Vitamin A supplementation for preventing morbidity and mortality in children from 6 months to 5 years of age. *Cochrane Database Systematic Review*, 12, CD008524.
- Klemm, R. D. W., Harvey, P. W. J., Wainwright, E., et al. (2009). Scaling up micronutrient programs: What works and what needs more work? A Report of the 2008 Innocenti Process. Washington, DC, Micronutrient Forum.
- Kraemer, K., de Pee, S. & Badham, J. (2012). Evidence in multiple micronutrient nutrition: From history to science to effective programs. *Journal of Nutrition*, 142(1), 138S-142S.
- Morris, S. S., Cogill, B. & Uauy, R. (2008). Effective international action against undernutrition: Why has it proven so difficult and what can be done to accelerate progress? *Lancet*, 371(9612), 608-621.
- Pelletier, D. L., Porter, C. M., Aarons, G. A., et al. (2013). Expanding the Frontiers of Population Nutrition Research: New Questions, New Methods, and New Approaches. *Advances in Nutrition*, 4, 92-114.

- Ruel, M. T., Alderman, H. & Maternal and Child Nutrition Study Group. (2013). Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *Lancet*, Published online June 6, 2013 [http://dx.doi.org/2010.1016/S0140-6736\(2013\)60843-60840](http://dx.doi.org/2010.1016/S0140-6736(2013)60843-60840).
- Sanghvi, T. G., Harvey, P. W. J. & Wainwright, E. (2010). Maternal iron-folic acid supplementation programs: Evidence of impact and implementation. *Food and Nutrition Bulletin*, 31(Supplement 2), S100-S107.
- Scaling Up Nutrition. (2010). *Scaling up nutrition: A framework for action*. Washington, DC, UNSCN.
- UNICEF. (2009). *Tracking progress on child and maternal nutrition: A survival and development priority*. New York, UNICEF.
- UNICEF & CDC. (2013). *Global Assessment of Home Fortification Interventions*. Geneva, Home Fortification Technical Advisory Group.
- Walker, C. L. F. & Black, R. E. (2010). Zinc for the treatment of diarrhoea: effect on diarrhoea morbidity, mortality and incidence of future episodes. *International Journal of Epidemiology*, 39(Suppl 1), i63-i69.
- Wazny, K., Zipursky, A., Black, R., et al. (2013). Setting research priorities to reduce mortality and morbidity of childhood diarrhoeal disease in the next 15 years. *PLOS Medicine*, 10(5), e1001446.