1. The application of readily available low-cost solutions to address undernutrition has immediate and important consequences for improving the wellbeing of poor people around the world and needs to be the world’s top priority. Achieving impact on maternal and child nutrition at a global level—both in the next five years to make progress toward achieving the MDGs, and in the long-term for true, systemic change—will require a broad, coordinated effort. The Scaling Up Nutrition (SUN) process offers a comprehensive framework for global action to address nutrition-related issues based on country-owned strategies and a multi-sectoral support for a specific range of evidence-based, cost-effective interventions.

2. The ultimate goal is for every individual to receive their nutrients in optimal quantities through the foods they consume on a self-sustaining basis. Even if this ideal situation is achieved we need to recognize two groups that will need complementary interventions to improve nutrient intake:
   - Specific age groups in the human life cycle whose nutrient needs or need for nutrient dense foods are enhanced.
   - Population groups that become deficient because their access to nutrient-rich foods is limited by poverty, climatic conditions, or geographic isolation, because their dietary traditions limit or prohibit consumption of some micronutrient rich foods or because the absorption and utilization of the micronutrients is impaired once the foods are consumed.

3. Food and health-system based approaches and interventions must therefore be complementary to provide an optimal mix that ensures that immediate needs for nutrients are met for the entire population while simultaneously providing additional nutrients to those that need them at different stages in the life cycle. They must also address constraints that limit a household/population’s ability to meet their nutrient needs. Determining the optimal mix and phasing is also governed by availability of proven interventions that are ready for implementation and scale up.

4. Where food and nutrient intake is compromised by poverty or geographic access, strategies are required that address this immediate need. Social protection programs such as conditional cash transfers have been shown to increase household spending on food, including nutrient rich foods such as fruits, vegetables and animal source foods in some Latin American countries. Where such programs do not exist or are insufficient to cover the gap in food availability such as emergency settings, distribution programs may also be required. In this
case, intra-household sharing of foods should be taken into consideration in the provision of rations of culturally-acceptable nutrient rich foods to ensure that sufficient nutrients are available to the most vulnerable within the household.

5. Given that the diets of deficient populations are dominated by cereals with inadequate intake of other food groups (fruits and vegetables, animal and dairy products) the role of cereal fortification or biofortification is significant, at least to meet needs while constraints to a more diverse diet exist (whether these be economic or food-related traditions). The nutrient content of cereals that are currently grown and consumed will not enable adequate nutrient intakes and are responsible for the huge gaps in several parts of the world unless complemented with nutrients from other sources.

The challenge with staple food fortification is to not only fortify industrially (centrally) processed cereals but also devise strategies for localized or small-scale fortification or distribution of multi-nutrient in sachets that can be added into food. Biofortification of cereals and other crops is showing promise. It is expected that within the next decade high nutrient content cereals will be available for large scale propagation. This is a vital strategy for investment that must occur concurrently with strategies to meet immediate needs.

6. All efforts to improve nutrition are guided by effective advocacy and communication at all levels. Of particular importance is high level political commitment. Countries where heads of State have prioritized nutrition have shown significant improvement and impact of intervention. Housing the nutrition program in the office of the President or Prime Minister sends a strong message to all line Ministries. A key need is better communications and cooperation among all sectors including agriculture and health. Additionally, within each of these sectors nutrition needs to receive a much higher priority.

7. We need to consider how we can channel the capacities of the private sector—and the huge potential for good—in a constructive and responsible manner. As a rule of thumb we could envision a division of labour through which Governments enable the private sector to serve the nutritional needs of the majority of the population who can afford to pay. The public sector plays a vital role to improve the capacity of those at lower end of the income spectrum to be able to purchase the foods they need; through social protection programs and/or income generation programs. However, even with improved purchasing power, the nutrient needs of the most vulnerable, specifically pregnant women and children in the first 2 years of life must be ensured through a combination of appropriate, nutritious foods and if necessary supplements.

8. Adequate regulations by both governments and international bodies—and public-private-civic partnerships—must be in place to prevent any actions that might in any way detract from the goal of reducing malnutrition. Along with such checks and balances, Government, industry and civic organizations all need to devote more energy and ingenuity to build such an alliance to ensure a significant joint contribution to improve the condition of undernourished people.