
GLOSSARY

Agro-processing Processing of agricultural produce to make it usable as food for humans or animals, fibre, fuel or raw material for further processing. This can include processing for conservation and handling, such as drying, canning or bagging.

Anaemia Anaemia is a medical condition in which a person's red blood cell (or, more precisely, haemoglobin) level is less than normal. Anaemia is a global public health issue faced by people in both low- and high-income countries, and is a particular concern for adolescent girls and women of reproductive age. There are many forms of anaemia, with different causes and treatment. The most common causes of anaemia include nutritional deficiencies, due to inadequate (or insufficient) intake of minerals (particularly iron) and vitamins from the diet.

Biodiversity Biodiversity refers to the variety and variability of living organisms on Earth, including plants, animals and micro-organisms like fungi and bacteria.

Development assistance and official development assistance (ODA) 'Development assistance' (commonly known as aid) refers here to the resources transferred from development agencies, including private philanthropic organisations, to low- and middle-income countries. Development assistance is therefore wider than the 'official development assistance' (ODA) which is defined by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) as foreign (government) aid to developing countries and territories on the DAC list of ODA recipients and to multilateral development institutions designed to promote their economic development and welfare.

Diet-related non-communicable diseases (NCDs) See **Non-communicable diseases (NCDs)**.

Diet-related non-communicable disease (NCD) targets Diet- (or nutrition)-related NCD targets are four of the ten global nutrition targets adopted at the World Health Assembly in 2013, to be attained by 2025, including for salt intake, raised blood pressure, adult obesity and adult diabetes. For example, Target 4 is 'Achieve a 30% relative reduction in mean population intake of salt'.

Dietary diversity Dietary diversity (or dietary variety) refers to the variety in the number and type of foods in a person's diet over a reference period. There is a lack of consensus on the optimal standardised measure for dietary diversity. It is also used as a proxy measure for food security, adequacy of energy/nutrient intake, and diet quality.

Double burden of malnutrition The 'double burden' of malnutrition is a term used to characterise the coexistence of undernutrition (including stunting, wasting, underweight and micronutrient deficiencies) *alongside* overweight, obesity and other diet-related NCDs. Different forms of malnutrition can coexist (or overlap) at any population level: country, city, community, household and individual. For example, a country can have high levels of both anaemia and obesity, and a child can suffer from both stunting and overweight.

Double-duty actions 'Double duty' is a term used to characterise a nutrition action (intervention, programme or policy) with the potential to tackle *both* undernutrition *and* overweight, obesity and other diet-related NCDs. For example, effective promotion of breastfeeding can avert stunting and also reduces the chances of diet-related NCDs later in life.

Equality and inequality Inequality refers to differences, variations and disparities in health and living conditions among people (individuals and population groups) that are the outcome (or consequence) of unjust systems and processes that structure everyday conditions (see **Equity and inequity**). **Nutrition inequalities** are differences in people's nutritional outcomes, such as dietary intake, nutritional status and related conditions/diseases, influenced for example by location, age, gender, ethnicity and wealth.

Equity and inequity Equity focuses on opportunities rather than outcomes and encompasses the idea of fairness or justice. Inequity adds a moral dimension, and can be defined as 'unfairness of opportunity', or lack of equitable access to systems and processes that structure everyday conditions, leading to inequalities (or unequal outcomes/consequences). In other words, equality of opportunity, or equity, influences equality of outcome. **Nutrition equity** here focuses on opportunities and barriers within food systems and health systems that affect access to healthy, affordable food, and quality nutrition care, thus leading to unequal nutrition outcomes (or nutrition inequalities).

Equity-sensitive nutrition action A nutrition action (intervention, programme or policy) can be considered equity-sensitive (or equitable) if it specifically considers equity and how to address potential inequalities as part of its design, monitoring and evaluation.

Equity-sensitive nutrition data Nutrition data can be considered equity-sensitive when it is granular (or disaggregated) enough to pinpoint inequalities in opportunities or access (i.e., inequities) and inequalities in outcomes. For example, this could mean data disaggregated to the local level and by key population characteristics, such as age, sex, ethnicity, education and wealth.

Food environment Food environments are the physical, economic, political and sociocultural contexts that affect accessibility, availability, affordability and cultural/sensory perceptions of food. This in turn influences people's food choices, such as in acquiring, preparing and eating food, and their nutritional status.

Food and livestock value chains	Food value chains include the whole economic process of producing food, including farming and processing, and disposal of any waste or packaging. Sustainable food value chains do this in a way that ensures broad benefits for society and considers wider environmental impacts. Livestock value chains are the range of activities involved in producing a product derived from animals – such as meat, milk, eggs, fibre, leather or manure. They include all the phases of production, processing and delivery to final consumers.
Food security and insecurity	Food security means that all people, at all times, have access to enough safe and nutritious food for normal growth and development, enabling them to lead an active and healthy life. Food insecurity means the opposite, and can be at the individual, household, national, regional or global level.
Food system	A food system gathers all the elements (including environment, people, inputs, processes, infrastructures and institutions) and activities that relate to the production, processing, distribution, preparation and consumption of food, and the outputs of these activities, including socioeconomic and environmental outcomes.
Fragility	Fragility refers to insufficient coping capacity of the state, system and/or communities to manage, absorb or mitigate” the risks they face, leaving people vulnerable to a range of shocks. Fragility can lead to negative consequences such as violence, humanitarian crisis or other emergencies.
Geospatial data	Geospatial data is information about events, objects or phenomena specific to a particular geographical location. Examples include weather forecasts, satellite navigation systems (satnavs), geotagged social media posts (or geotagging), and malnutrition rates. Location is one way of disaggregating nutrition data, alongside other dimensions such as wealth and sex. Using geospatial data can help us pinpoint where malnourished people are located.
Global nutrition targets	Global nutrition targets here collectively refer to the World Health Assembly targets on both maternal, infant and young child nutrition (MIYCN), and on diet-related NCDs. These were adopted in 2012 (MIYCN) and 2013 (NCDs) by the World Health Assembly, to be reached by 2025. The 2025 global nutrition targets include targets for six MIYCN indicators: low birth weight, stunting in children under 5 years of age, wasting in children under 5 years of age, overweight in children under 5 years of age, anaemia in women of reproductive age, and exclusive breastfeeding. They also include targets for four diet-related NCD indicators in adults: salt intake, raised blood pressure, diabetes and obesity.
Indigenous foods	Indigenous food systems include all of the land, air, water, soil and culturally important plant, animal and fungi species that have sustained Indigenous peoples over thousands of years. Indigenous food systems are best described in ecological rather than neoclassical economic terms. In this context, an Indigenous food is one that has been primarily cultivated, taken care of, harvested, prepared, preserved, shared, or traded within the boundaries of specific territories based on values of interdependency, respect, reciprocity and ecological sensibility.

Malnutrition Malnutrition, in all its forms, refers to both undernutrition (including stunting, wasting, underweight and micronutrient deficiencies) *and* overweight, obesity and other diet-related NCDs. It includes a range of diet-related conditions caused by not having enough calories, nutrients or quality (healthy) food, or having too much low-quality (or unhealthy) food.

Maternal, infant and young child nutrition targets The maternal, infant and young child nutrition (MIYCN) targets are six global targets adopted at the World Health Assembly in 2012, to be attained by 2025, for: low birth weight, stunting in children under 5 years of age, wasting in children under 5 years of age, overweight in children under 5 years of age, anaemia in women of reproductive age, and exclusive breastfeeding. For example, Target 1 is 'Achieve a 40% reduction in the number of children under 5 who are stunted'.

Micronutrients and micronutrient deficiency **Micronutrients** are dietary components, commonly known as vitamins and minerals. They are critical to health, despite being required in only small amounts. They include minerals such as iron, calcium, sodium, magnesium, zinc and iodine, and vitamins such as A, B group (such as folate), C and D. **Micronutrient deficiency** is caused by inadequate (or insufficient) intake or absorption of one or more vitamins or minerals and leads to suboptimal nutrition status. Although less common than deficiencies, taking in too many of some micronutrients, usually from supplementing with excess amounts, may also lead to adverse effects (micronutrient toxicity).

Non-communicable diseases (NCDs) and diet-related NCDs NCDs are non-infectious chronic diseases that last a long time, progress slowly, and are caused by a combination of modifiable and non-modifiable risk factors, including lifestyle/behavioural, environmental, physiological and genetic factors. There are four main types of NCDs: cardiovascular disease (e.g., coronary heart disease, stroke), diabetes, cancer and chronic respiratory disease. Obesity is both a chronic disease and a risk factor for other NCDs. We refer to NCDs related to diet (or nutrition) as '**diet-related NCDs**'. These mainly include obesity, cardiovascular disease, diabetes and specific cancer types.

Nutrition-sensitive actions Nutrition-sensitive actions are interventions, programmes or policies in sectors other than nutrition that address the underlying determinants (referred to as social determinants in this report) of fetal and child nutrition and development, and incorporate specific nutrition goals and actions. Sectors include agriculture, health, social protection, early child development, education, and water and sanitation. The social determinants that nutrition-sensitive actions can address include poverty, food insecurity, scarcity of access to adequate care resources, inadequate services for health or water and sanitation.

Nutrition-specific actions Nutrition-specific actions are interventions, programmes or policies intended to have a direct impact on immediate determinants of nutrition. Nutrition-specific actions include: promotion of adequate food and nutrient intake, feeding, caregiving and parenting practices; and prevention of infectious diseases. Examples are breastfeeding promotion, disease management and treatment of acute malnutrition in emergencies.

Overweight and obesity

A person is overweight or obese if they have excessive fat accumulation that poses a risk to their health. Being obese means having more excessive fat than being overweight. Depending on age, there are different methods to classify overweight or obesity. Body mass index (BMI), which is a person's weight in kilograms divided by the square of height in metres, is used as a population-level screening tool to classify overweight or obesity in adults. The World Health Organization (WHO) defines overweight in adults as a BMI greater than or equal to 25kg/m², and obesity as a BMI greater than or equal to 30kg/m². See Appendix 1 for definitions of overweight and obesity by age as used in the present report.

Population-based intervention

A population-based intervention (or approach) is delivered to a group of individuals, or an entire population, as a whole – in contrast to an individual-based intervention where the intervention is delivered on individual basis.

Purpose code

A purpose code is used by donors reporting to the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) to capture more accurately where spending is going, in greater detail than simply by sector. The 'basic nutrition' purpose code captures nutrition-specific spending in the health sector. In 2017, an improved nutrition purpose code was adopted that aligns with the Lancet definition of nutrition-specific investments and WHO essential nutrition actions.

Risk factor

A risk factor is an attribute or characteristic of a person or something they are exposed to that increases their chance of developing a disease, infection or injury. If a person has more risk factors for a given disease, they are more likely to get it. Risk factors can be classified as modifiable or non-modifiable. Modifiable risk factors can be changed, such as through lifestyle changes (like diet, smoking and physical activity) and environmental conditions. Non-modifiable factors, such as age, sex and ethnicity, cannot be changed. For example, high salt intake is a modifiable dietary risk factor for coronary heart disease.

Smallholder and subsistence farmers

Smallholder farmers refer to rural producers, predominantly in developing countries, who farm using mainly family labour and for whom the farm provides the principal source of income. Subsistence farming is a livelihood strategy where the main output is consumed directly, where there are few if any purchased inputs, and where only a minor proportion of output is sold.

Staple foods and staple grains

Staple foods are foods, either plant-based or animal-based, that are eaten regularly and in such amounts that constitute the major part of a diet, and generally supply a large fraction of caloric and nutrient needs. Although they vary across geographic locations, the overwhelming majority of global staple foods are grains, such as corn, rice and wheat.

Stunting	Stunting refers to the impaired growth and development that children experience from poor nutrition, repeated infection and inadequate psychosocial stimulation. The World Health Organization (WHO) defines childhood stunting (moderate and severe) as a length- or height-for-age z-score more than two standard deviations below the median of the WHO Child Growth Standards. Children who are stunted are also more likely to be wasted. See Appendix 1 for the definition of stunting used in the present report.
Supermarkets	A supermarket is a shop with most of its selling space dedicated to processed and fresh food, serving an expanding income group. Supermarkets may also form part of consolidated retail chains adhering to private standards for food quality and safety.
Undernutrition	Undernutrition is a diet-related condition resulting from insufficient food intake to meet needs for energy and nutrients. It includes being underweight, too short (stunted) or too thin (wasted) for age or height, or deficient in vitamins and minerals (micronutrients). Being undernourished means suffering from undernutrition.
Underweight	Underweight is a form of undernutrition when body weight, or weight for height, is too low for a person's age. See Appendix 1 for the definition of underweight by age used in the present report.
Universal health coverage	Universal health coverage (UHC), also known as universal healthcare, is a healthcare system in which all people are assured access to essential healthcare services without facing financial hardship. UHC is clearly included in Sustainable Development Goal 3, which calls for all countries to ensure that everyone has access to a minimum set of high-quality healthcare interventions without facing financial hardship. The 2019 United Nations General Assembly had for the first time a dedicated focus on UHC, committing to achieve UHC by 2030. The underlying principle is that optimal health and wellbeing is a human right, for everyone, and not the privilege of only the better-off.
Universality	The principle of universality in nutrition refers to an inclusive approach, ensuring that everyone has fair access to the resources and services they need to achieve optimal nutritional health.
Wasting	Children who are too thin because of undernutrition are 'wasted'. The World Health Organization (WHO) defines childhood wasting as a weight-for-length or -height z-score more than two standard deviations below the median of the WHO Child Growth Standards. Children who are wasted are more likely to be stunted. See Appendix 1 for the definition of wasting used in the present report.
