



# Include Adolescent Nutrition in N4G Paris 2025



**GANN**

Global Adolescent  
Nutrition Network

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## We call on governments and donors to prioritize the future of all adolescents as the next generation, by making pledges specific to this age group at N4G Paris.

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- **If you are a national policymaker, donor, or NGO:** here is some key information for writing effective pledges to improve adolescent nutrition.
- **If you are a youth advocate, civil society group, researcher, or other allied supporter of adolescent nutrition,** take this information to those writing pledges!

### Summary of what this document is asking:

- **COMMITMENTS:** More commitments relating specifically to adolescent nutrition (age 10-19 years, both boys and girls) (see detail on what good commitments look like below).
- **FUNDING:** More funding committed to improving adolescent nutrition, for services, monitoring data, and evidence generation.
- **STRONG POLICY and REGULATION:** Governments to strengthen their policy frameworks and enabling environments around adolescent nutrition, ensure policy and interventions are free from commercial conflicts of interest, and include adolescent voice in their national nutrition plans.
- **TARGETS:** National targets on reducing adolescent anaemia, underweight, and overweight/obesity, and improving diets; and advocacy efforts to ensure that WHO undertake the groundwork needed for an adolescent nutrition target when the World Health Assembly targets are renewed in 2030.
- **INDICATORS:** Indicators of adolescent nutrition included in national data collection systems.
- **DATA FOR DECISION-MAKING:** Fill the current data gaps on adolescent nutrition that prohibit governments, donors, NGOs and communities from understanding the needs of adolescents and taking responsive actions. These data need to be sex-disaggregated to guide gender-responsive actions and address inequities.

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The GANN and GANN Core group are coordinated by the Emergency Nutrition Network (ENN). For more information on the GANN, please visit <https://www.enonline.net/network/global-adolescent-nutrition-network>

## Background

Adolescents make up 16% of the world's population, or 1.6 billion people. Globally, adolescents (10-19 years) experience undernutrition, micronutrient deficiencies, anaemia, and overweight/obesity. Underweight and anaemia rob adolescents of energy, educational opportunities, future earnings, and the chance to grow up to reach their full potential, while also increasing the likelihood of having undernourished children. As overweight and obesity becomes more prevalent, adolescents may also face additional consequences related to non-communicable diseases (NCDs) while still facing the risk of micronutrient deficiencies. The double and triple burden of malnutrition strains health systems. Ignoring this demographic in action plans that aim to reduce malnutrition is a missed opportunity to effect lasting impact. Ensuring that adolescents are well nourished will contribute to improved health, education and economic outcomes now and for the next generation.

Adolescents have been overlooked in the UN Decade of Action on Nutrition (2016–25). It is also worth noting that, while this document focuses on adolescents, school-age children (5-9 years) are also a neglected age group in policies and interventions. The Sustainable Development Goals for nutrition do not include adolescent or school-age -specific targets. The World Health Assembly (WHA) nutrition targets only include anaemia reduction in girls 15-19 years of age as part of 'women of reproductive age'. Girls 10-14 and boys 10-19 are left out entirely. WHO's global action plan for the prevention and control of NCDs similarly had no clearly specified targets for overweight and obesity in school-age children or adolescents. Donor investments in adolescent nutrition remain inadequate.

The [Nutrition for Growth \(N4G\)](#) Summit is a global pledging movement that brings together governments, philanthropies, businesses, academia, civil society and NGOs to accelerate progress against malnutrition. The next N4G Summit will take place in early 2025 in Paris, France and will be a critical opportunity to spotlight adolescent nutrition. There are 8 thematic working groups for this N4G, see what each one can do to prioritise adolescent nutrition in **Table 1** (page 6).

## What good N4G commitments should look like for adolescents

Fulfilling adolescents' right to nutrition to meet the 2030 Agenda for Sustainable Development requires ambitious commitments. A good commitment for adolescent nutrition needs to work in partnership with adolescents to achieve the following:

- Make commitments that are specific to adolescents, distinct from those related to 'women of reproductive age', include both boys and girls, and where appropriate, disaggregated commitments within the 10-19 years age group.
- Develop an integrated national strategy or action plan for adolescent nutrition, free from commercial conflicts of interest, and including indicators for tracking progress and measuring impact.
- Increase public spending in systems strengthening and health worker training to make high quality, adolescent-friendly nutrition services available to all.
- Deliver context-specific, multi-sectoral and at-scale approaches to improve adolescent nutrition, such as:
  - reducing anaemia through weekly iron and folic acid supplementation programmes, for all girls 10-19 years age in nutrition-poor settings<sup>1</sup>.

<sup>1</sup> WHO (2018). Implementing effective actions for improving adolescent nutrition



- providing accurate and engaging nutrition education for adolescent boys and girls, and regulation of food environments.
- supporting adolescent food security and treating thinness/wasting in this age group.
- providing accessible and effective weight management services.
- Increase collaborations through partnerships with the education sector, large-scale essential health programmes, and social safety net programs, to address adolescent nutrition.
- Integrate adolescent data into existing health management information systems (HMIS) to monitor and track performance of the health services, disaggregating key indicators by age and sex at a minimum.
- Ensure youth engagement in research, policy and programming, where adolescents are partners in data collection and programme/policy design. This facilitates sustainable systems change and improves intervention compliance.
- Increase funding for adolescent-specific nutrition research, including implementation research, that will inform effective interventions and how to deliver them.

A commitment to act needs to show how it will be translated into action including mechanisms for: financing, costing commitments, scaling up, governance structures, tracking and monitoring, refinement over time, and must show how it holds those responsible accountable<sup>2</sup>.

## Let's do better than we did at N4G in Tokyo (2021)

The 2021 N4G Compact included 396 new nutrition commitments made by a total of 181 stakeholders across 78 countries. Donor governments and donor organisations committed new financing of over US\$23 billion to tackle malnutrition in all its forms.

However, there were only 25 commitments (6%) related to adolescents<sup>3</sup> (see **Figure 1**). 11 additional commitments (3%) were made focusing on 'women of reproductive age (15-49 years). Of the 25 commitments, 7 related to adolescent girls (one on school feeding, one on general nutrition, two on anaemia and three on micronutrient deficiencies), and 18 related to children and adolescents more broadly (nine on general nutrition, one on dietary diversity, two on anaemia, three on overweight/obesity and three on youth inclusion).

## Current Gaps in policy, regulation, data, and programming

Reviews in recent years have revealed policy gaps in adolescent nutrition at both the national and global level. Analysis by UNICEF<sup>4</sup> found that while most countries have some policies, few have a comprehensive set of policies to protect adolescent girls' and women's nutrition. For example, they found that only 8% of countries studied have all eight policies<sup>5</sup> required in the three key

<sup>2</sup> IFPRI (2024). From Promises to Action Analyzing Global Commitments on Food Security and Diets Since 2015.

<sup>3</sup> ENN (2023) <https://www.enonline.net/mediahub/blog/why-we-still-need-prioritise-nutrition-targets-and-indicators-children-and-adolescents>

<sup>4</sup> UNICEF (2023) Undernourished and Overlooked <https://www.unicef.org/reports/undernourished-overlooked-nutrition-crisis>

<sup>5</sup> (1) Adoption of 2016 WHO antenatal care recommendations; iron supplementation during pregnancy; nutrition counselling during pregnancy; (2) Food System: mandatory vegetable oil fortification; mandatory wheat flour fortification; mandatory salt iodization; (3) Social protection system: targeting pregnant and breastfeeding women; policy /plan / strategy with nutrition components

systems – food, health and social protection – to protect girls’ and women’s nutrition and 39% have four or fewer policies.

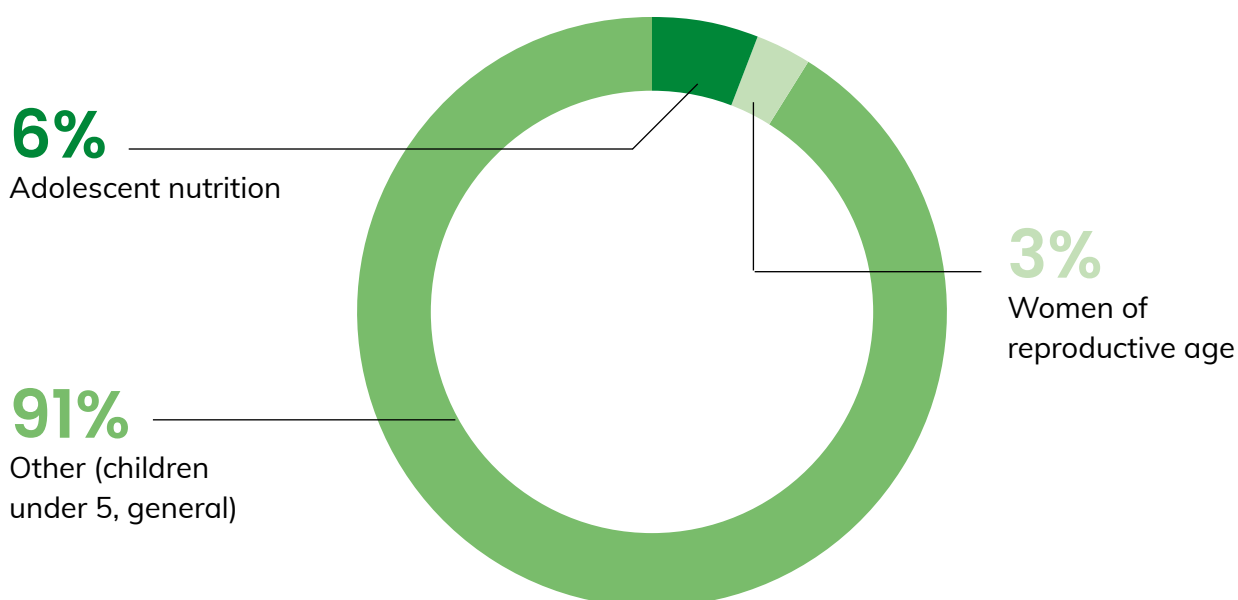
An index by Save the Children<sup>6</sup> analysing the health, nutrition and gender equality policy environment in 75 countries found a similar dearth of relevant policies for adolescents. Only 32 (42%) countries had a national adolescent health programme supported by national guidelines. Twelve countries (16%) had a national policy to regulate marketing of foods and beverages high in sugar, and thirty countries (40%) had legislation mandating free access to health services for adolescents.

The inadequate number of adolescent nutrition policies is in part due to the lack of data on adolescent nutritional status, lack of evidence on the causes and impact of adolescent malnutrition, and lack of effective interventions. The Lancet Nutrition Series (2021) set out to examine effective nutrition interventions among school-age

children and adolescents specifically but, unfortunately, was limited in its ability to draw definitive conclusions due to the lack of data on nutrition education/counselling, macronutrient supplementation, and lifestyle interventions, particularly in low- and middle-income settings. Weekly iron folic acid supplementation is one of the best-evidenced interventions for this age group and is recommended by WHO and UNICEF, however there is still variability in data quality, and national-level implementation. More high-quality research on adolescent nutrition status and intervention effectiveness is critically needed to support the inclusion of evidence-based strategies within country-level policies and programs<sup>7</sup>.

See page 7 for an inspiring **case study** on Senegal, a country that made commitments directly related to adolescent nutrition at N4G in Tokyo in 2021 and has since strived to attain them.

**Figure 1: Proportion of nutrition commitments aimed at adolescents during N4G 2021**



<sup>6</sup> Save the Children UK Investing in the Now and the Future: Why Governments must commit to Adolescent Health and Nutrition. 2021. <https://resourcecentre.savethechildren.net/document/investing-now-and-future/>

<sup>7</sup> Lelijveld, N, et al. "Research priorities for nutrition of school-aged children and adolescents in low-and middle-income countries." PLoS One 18.1 (2023): e0280510. <https://www.enonline.net/adolescentchnri2022>

**Table 1: What each of the Thematic Working groups can do**

<b>N4G Thematic working groups</b>	<b>Ask</b>	<b>Rationale</b>
<b>Vision</b>	Make mention of adolescents specifically in the vision for the Summit	Adolescents are widely neglected in international and national policy, research, and programming
<b>Principles of engagement</b>	Exclude actors who work against the best interests of adolescent nutrition	Marketing of unhealthy foods targeted at adolescents' preys on susceptibility in their young brain development
<b>Gender and nutrition</b>	Champion good nutrition for all adolescents as an underserved group, but recognize the gender inequities in the burden of malnutrition for girls and barriers to access within the age range	While the nutritional needs of both boys and girls are high, girls have an increased need for iron which is often not met, due to inequities. Social norms related to school attendance, burden of care, and household food distribution, plus adolescent pregnancy, means that girls face greater nutritional risks and greater barriers to accessing good nutrition
<b>Climate and food systems</b>	Recognise the unique needs of adolescents in fixing food systems and responding to climate change	Adolescents are especially vulnerable to broken food systems and can be a powerful force for change
<b>Health, UHC and social protection</b>	Health interventions need to be adolescent-friendly, and provide weekly iron and folic acid supplements and social protection to adolescents in undernourished populations	While weekly iron and folic acid supplements are a WHO recommendation, coverage is poor, and adolescents are often not recognised in social protection interventions
<b>Emergency response and resilience in crises</b>	Include adolescent nutrition and youth engagement in emergency response plans	Adolescent nutrition is rarely prioritised in emergency response and since they are not assessed in surveys, their needs are invisible
<b>Financing and Accountability</b>	Call for more financing for adolescent nutrition in all areas	Budget limitations is the most common reasons cited by governments and organisations for not being able to respond to adolescent nutrition needs
<b>Data, innovation and evidence</b>	Call for more national monitoring of simple adolescent nutrition indicators, and evidence generation for effective interventions	Behind financing, the lack of data and evidence is the next biggest barrier to implementing policies and programmes to support adolescent nutrition
<b>Nutrition Dialogues (not one of the thematic working groups but a key area of stakeholder engagement)</b>	Use language which both appeals to adolescents and highlights this neglected group, such as in the title of 'children's workshops'; and use the opportunity of hearing these powerful youth voices to progress the adolescent nutrition agenda	To effectively include adolescent voices in nutrition discussions, we must use empowering and appealing approaches. In doing so, we have the opportunity to learn more about the nutritional needs, and solutions from adolescents themselves. Youth-designed solutions are likely to be more effective and sustainable

## Case Study of Senegal: Progress on N4G Commitments on Adolescent Nutrition

Prepared by: Marion Roche, Balla Diedhiou, Amadou Ndiaye, and Mame Mbodj

As part of the N4G in Tokyo (2021), Senegal made several adolescent-specific nutrition commitments, including “Reduce the prevalence of anaemia in pregnant women, children under 5 and adolescent girls by 40% by 2030” and “Reduce the prevalence of overweight and obesity in children aged 5 and above, adolescents, and women”. On behalf of the Government of Senegal, the Conseil national de Développement de la Nutrition (CNDN-National Nutrition Development Council) made a commitment to “Increase coverage of nutrition interventions for children under 5 to 90% and for adolescent girls to 50%.”

Adolescents make up over 30% of the Senegalese population<sup>8</sup>. This is a diverse, yet underserved group that face several nutritional challenges, including iron-deficiency anaemia – a severe public health problem affecting 57% of adolescent girls and 48% of adolescent boys<sup>9</sup>.

Senegal has adopted the WHO guideline on weekly iron and folic acid supplementation (WIFAS) for menstruating women<sup>10</sup> and adapted it to its context with implementation at school. The school platform was identified as relevant in view of the enrolment rates for girls, which reach 91.2% and 56.5% in elementary and middle school respectively<sup>11</sup>.

Nutrition International (NI) provides technical and financial support to the Government of Senegal to enable the implementation of this school-based adolescent nutrition program which offers, in addition to supplementation for girls, gender-sensitive nutrition education, deworming and behaviour change interventions that also benefits boys. The aim of the program is to improve adolescent nutrition with a focus on the reduction of the risk of anaemia and to increase adolescents’ understanding of their own growth, development, and the benefits of improved nutrition.

In addition, the Senegalese government has updated the Multisectoral Nutrition Strategic Plan (PSMN) and the Reproductive, Maternal, Child and Adolescent Health and Nutrition Strategic Plan for 2024-2028. These two strategic plans now better reflect the commitments made at N4G 2021 by including the following aspects related to adolescent nutrition:

- Reduce the prevalence of anaemia among vulnerable groups (children under 5, pregnant women and adolescents) to less than 40% (PSMN 2024-2028).
- Strengthening the provision of integrated services adapted to the needs of adolescents/young people according to standards, considering the gender dimension (including disability).

The government adolescent nutrition program, supported by NI<sup>12</sup>, now covers 9 out of the 14 regions of the country, where 77% of the country’s adolescent population lives. Overall, 2,214 out of 14,325 schools are covered, and 41 out of 59 education sub-academies are covered. The annual reach of

<sup>8</sup> National Agency for Statistics and Demography of Senegal

<sup>9</sup> Ministère de l’éducation nationale/Direction de la planification et de la réforme de l’éducation. Rapport national sur la situation de l’éducation 2021.

<sup>10</sup> WHO, 2011: [Guideline: intermittent iron and folic acid supplementation in menstruating women](#) (who.int)

<sup>11</sup> Agence Nationale de la Statistique et de la Démographie (ANSD) [Sénégal], et ICF. 2018. Sénégal : Enquête; Démographique et de Santé Continue (EDS-Continue 2017). Rockville, Maryland, USA : ANSD et ICF.

<sup>12</sup> Funded through an institutional support grant from the Government of Canada

WIFAS to adolescent girls is estimated at 255,000, approximately 13%, with program expansion continuing.

To track the progress on the commitment of 50% coverage of nutrition interventions for adolescents, an indicator of “percentage of coverage targeting children under 5 and adolescent girls through nutrition interventions” was developed, and the 13% of adolescent girls reached with WIFAS is showing progress towards this target. Even more adolescent boys and girls have been reached with gender responsive nutrition education in the 9 targeted regions of this program.

Beyond anemia reduction, the government of Senegal is also partnering with NI to deliver a model to reach over 150,000 urban adolescents and youth called “strong for the future”– fort pour le future”. It considers malnutrition in all its form, looking at additional approaches to reducing overweight, creating health-promoting environments, and increasing physical activity and access to sexual and reproductive health services<sup>13</sup>.

To reach the Tokyo N4G commitment of 50% coverage of adolescents with nutrition interventions, additional investments, capacity strengthening, and collaboration across multiple sectors, including education and health, will be required.

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<sup>13</sup> Funded by Fondation Botnar, Healthy Cities for Adolescents