

Global database on the Implementation of Nutrition Action (GINA) Results of a user survey



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Summary

The World Health Organization (WHO) Global database on the Implementation of Nutrition Action (GINA) is a repository of policies, actions and governance mechanisms related to nutrition, as well as country commitments made towards the UN Decade of Action on Nutrition 2016–2025.¹ Since the launch of GINA in 2012, WHO has continuously worked to improve the organization, structure and presentation of the information on the GINA website. This report presents the results of a user survey undertaken in 2017. Key findings include:

- 49 respondents representing various WHO regions, professions and sectors completed the survey;
- respondents gave a high rating to the ease of use and the quality of content of GINA; they also found the information on policies and actions to be helpful or very helpful;
- almost half of the users of GINA reported that to identify nutrition-relevant policies and programmes they always or frequently consult GINA rather than other search engines or repositories; and
- several areas for potential follow-up or improvement were identified, including the need to:
 - promote the use of GINA through national and international conferences and congresses, by encouraging universities to include GINA in their teaching programmes and by indexing GINA in prominent research data repositories (e.g. PubMed) for further dissemination;
 - include more directions on how to use key functions such as filtered searches, interactive maps and spreadsheet downloads;
 - present data by topics or other categories that make it easier to find the data that users are looking for; and
 - improve the quality of the data.

¹ See <u>https://www.who.int/nutrition/gina/en/</u>

Introduction

The World Health Organization (WHO) Global database on the Implementation of Nutrition Action (GINA) is a repository of policies, actions, and governance and monitoring mechanisms related to nutrition.¹ It is an interactive platform for sharing standardized information on nutrition policies and action; that is, on what commitments have been made and who is doing what, where, when, why and how (including lessons learned).

The purpose of GINA is to allow users to:

- map nutrition policies and actions that have been developed and are being implemented;
- link policies and action to nutrition status indicators;
- monitor the implementation of key nutrition actions;
- identify overlaps and gaps in the implementation of nutrition policies and actions; and
- share experiences on implementation practices.

GINA is also a principal source of information for various mandated reporting to WHO. This includes reporting to WHO's governing bodies (e.g. the Executive Board and the World Health Assembly) on:

- the implementation of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition;
- progress on achieving the Global Nutrition Targets through the Global Nutrition Monitoring Framework; and
- progress in implementing the commitments made at the Second International Conference on Nutrition (ICN2).

It also includes reporting to the United Nations (UN) General Assembly on the implementation of the UN Decade of Action on Nutrition (2016–2025).

GINA covers 194 WHO Member States, and several areas and territories. It builds on and incorporates the former WHO Global Database on National Nutrition Policies and Programmes developed after the 1st International Conference on Nutrition in 1992. Currently, GINA contains more than 9000 items of data, including over 2100 policies (including laws and legislation), over 6600 nutrition actions and programmes, and almost 500 coordination and monitoring mechanisms. These data generally come from three sources:

- data collected by WHO through its regular monitoring activities (e.g. communication with regions and countries, and systematic searches on ministries' websites) and through surveys (e.g. the Global Nutrition Policy Reviews, and surveys on the International Code of Marketing of Breastmilk Substitutes);
- data from partners that maintain databases of nutrition-related policies or actions (e.g. the FAOLEX legislative database² and the International Labour Organization [ILO] maternity protection database³), or that support the implementation of nutrition programmes and actions in countries (e.g. the Global Alliance for Improved Nutrition [GAIN]⁴, and Nutrition International⁵); and

¹ See <u>https://www.who.int/nutrition/gina/en/</u>

² See <u>http://www.fao.org/faolex/en/</u>

³ See <u>https://www.ilo.org/global/topics/equality-and-discrimination/maternity-protection/lang--en/index.htm</u>

⁴ See <u>https://www.gainhealth.org/</u>

⁵ See <u>https://www.nutritionintl.org/</u>

• data submitted by registered users through a wiki-type approach.

Since the launch of GINA in 2012, WHO has worked continuously to improve the organization, structure and presentation of information on the GINA website. To gain feedback on how WHO can improve the user experience and usage of the rich data set, a user survey was undertaken in the first quarter of 2017.

Methodology

An online survey was implemented on the WHO Dataform platform. The survey comprised 75 questions covering the following categories:

- personal characteristics;
- general satisfaction, impression and rating of GINA;
- questions for new users; and
- questions for regular users of GINA relating to:
 - o use of policy and action data; and
 - use of the principal menu features; that is, interactive maps, A–Z country lists of policies and actions, search function, Top 10 lists, dashboard and data submission.

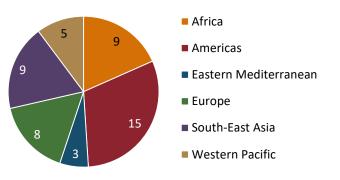
In the first quarter of 2017, invitations to participate in the user survey were sent via the electronic newsletter of the WHO Department of Nutrition for Health and Development (NHD) to its approximately 3000 members. Links to the survey were also highlighted on the NHD website and on GINA.

Results

Respondents

A total of 159 responses were initiated, but only 49 respondents completed the full questionnaire and were therefore included in the analysis of the survey results presented in this report. The 49 respondents came from 31 different countries across all the WHO regions.¹ The largest number of respondents came from the WHO Region of the

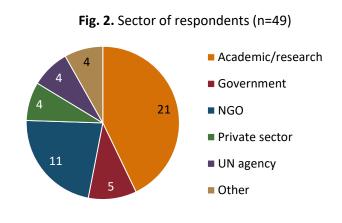




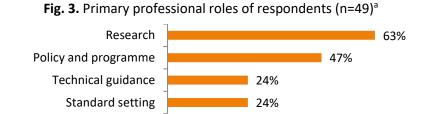
¹ Country of residence and number of respondents from the **WHO African Region (9):** Ethiopia (1), Madagascar (1), Nigeria (3), South Africa (1) and Uganda (3); the **WHO Region of the Americas (15):** Brazil (1), Canada (2), Colombia (1), Guatemala (1), Mexico (1), Peru (2) and the United States of America (7); the **WHO Eastern Mediterranean Region (3):** Egypt (1), Iran (1) and Pakistan (1); the **WHO European Region (8):** Czechia (1), France (1), Italy (1), Netherlands (1), Poland (1), Spain (1) and the United Kingdom of Great Britain and Northern Ireland (2); the **WHO South-East Asia Region (9):** Bangladesh (2), India (5), Nepal (1) and Sri Lanka (1); and the **WHO Western Pacific Region (5):** Australia (1), China (1), New Zealand (1), Philippines (1) and Solomon Islands (1).

Americas, followed by South-East Asia, Africa and Europe (Fig. 1).

In this user survey, the academic and research sector had the highest representation of respondents, followed by nongovernmental organizations (NGOs) (Fig. 2). The primary professional roles of respondents were mainly in research, or in activities related to policy and development, programmes (e.g. implementation and monitoring) (Fig. 3). Government respondents were most often involved in the management and



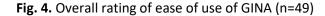
monitoring of nutrition policies and programmes, whereas NGOs largely supported policy and programme development or monitoring as well as research. Thirty-one of the respondents had been using GINA before the survey, while 18 were new users.

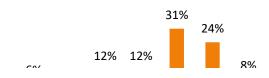


^a Respondents could select multiple answers.

Overall impression of GINA

On a scale from 1 to 10, the average rating of the ease of use of GINA was 7.5, and the average rating of the quality of its content was 7.7. The distribution of ratings (**Fig. 4**





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