

SUPPLEMENTARY TEXT 4

Table S4.1. Theme one: Actors

Factor	Description of factor	Mechanism of influence	Co-factors ↑ amplifying, ↓ diminishing, → sustaining mechanism
(1) Nutrition actor network effectiveness	The effectiveness of nutrition actor networks (NANs), the individuals and organizations operating within a given jurisdiction who share common principles, causal beliefs, and interest in tackling malnutrition, and who act collectively to do so ^{1,2} . NANs varied in their structure and maturity, and comprised a variety of actor types (e.g. politicians, bureaucrats, academics, international actors, and civil society groups), spanning multiple sectors and levels, as well as positions within jurisdictional power structures ³⁻²⁶ .	Effective NANs enabled commitment by generating data and evidence, identifying malnutrition problems, raising awareness and advocating for action, framing nutrition problems and solutions (i.e. norm promotion), informing policy decision-making, implementation and evaluation, coordinating multi-sector/-level responses, building organizational capacities, mobilizing financial resources, and strengthening accountability systems ³⁻²⁷ . The diverse interests and perspectives of the many actors involved in NANs increased the potential for conflict and fragmentation and thus for weaker collective action and influence ^{4-7, 9, 16, 28, 29} . Ineffective NANs impeded or had limited influence on commitment ^{3, 5-16, 20, 28, 30} .	↑ High-degree of NAN cohesion and internal frame alignment ¹⁶⁻²⁶ ; ↑ External frame resonance ^{3, 11, 13, 18, 21, 28, 31-40} ; ↑ Presence of strong leaders capable of unifying and coordinating disparate actors ^{22, 24, 25} ; ↑ Possession of strategic and organizational capacities, including institutional mechanisms (e.g. guiding institutions, conferences, workshops) for building alliances, sharing information, socializing new members, building consensus and managing conflicts ^{4, 10, 21, 23, 31, 33, 39} . ↓ Low network cohesion and fragmented internal frame alignment ^{3, 5-16, 20, 27, 28, 30} , arising from many topics of disagreement but particularly the private sector's role in nutrition governance, policy and programming ^{3, 10, 12, 16, 20, 28} .
(2) Strength of leadership	The presence of committed and politically savvy individuals recognised as strong champions for nutrition ^{1, 37} . Different leadership types were evident, including advocates who overtly promoted external attention to nutrition issues, policy entrepreneurs who 'softened-up' technical communities to political realities, mobilized consensus positions, and advocated policy ideas, and high-level political champions including heads of state and their spouses, ministers and parliamentarians ^{3, 11, 12, 16, 17, 21, 22, 25, 26, 28, 31, 39-49} .	Nutrition leaders enabled commitment by translating technical ideas into politically feasible policy solutions (i.e. by 'softening-up' technical communities to political realities, anticipating political constraints, and facilitating upward policy-orientated learning), building capacities and mobilizing financial resources, managing complex relationships, conflicts and competing interests within NANs, and by anticipating and taking advantage of opportunities and/or countering threats ^{9, 11, 12, 17, 20, 22, 23, 25, 32, 38, 40-42, 44, 47, 48, 50, 51} . Conversely, absent or weak leadership impeded commitment ^{3, 5, 16, 28, 32, 43, 46, 52} .	↑ Possession of individual strategic capacities ^{9, 11-13, 17, 21, 24, 25, 44, 47} ; ↑ Genuine personal interest in the issue ^{17, 21, 24, 44, 47} ; ↑ Support of high-level political champions ^{12, 44, 47} ; ↑ Election of nutrition champions into a position of authority ^{24, 38, 41, 53} . ↓ Limited executive level support ¹² ; ↓ Lack of local-level data and evidence to inform advocacy, policy development and programming ¹² ; ↓ Low-level NAN cohesion and fragmented internal frame alignment ¹² ; ↑↓ Effectiveness of different leadership types and activities varied depending on the "shape and maturity level" of the NAN ¹² .
(3) Civil society mobilization	The presence of a mobilized civil society including non-government organizations (NGOs) and informal social institutions (e.g. social movements) that collectively represent the interests of citizens ² . Groups vary in their expertise, available resources, level of commitment, strategies, and functional roles within NANs. They include <i>inter alia</i> international and national NGOs, faith-based organizations, professional associations, women's groups, farmer's movements, parent's groups, and consumer organizations ^{3, 12, 13, 18, 20, 23-25, 32, 38, 42, 52, 54-56} .	Mobilized civil society groups enabled commitment by raising public awareness (e.g. through their membership or media), advocating to government and acting as a social accountability mechanism (e.g. by monitoring and acting upon government and other stakeholder activities), framing nutrition problems and solutions (i.e. norm promotion), giving voice to the politically marginalised, and acting as conduits for policy feedback and calibration via their involvement with on-the-ground implementation ^{3, 12, 13, 18, 20, 23-25, 32, 38, 42, 52, 54-56} . Conversely, the absence or ineffectiveness of civil society impeded commitment or had limited effect ^{5, 16, 32, 45, 46, 57-59} .	↑ Supportive media ^{3, 47} , and international actors ^{23, 38, 59} ; ↑ Political administrations with transparent and inclusive decision-making processes / governance arrangements ^{24, 32, 38} ; ↑ Availability and use of data in advocacy and strategic communications to increase malnutrition's visibility and understanding ^{32, 38} . ↓ Political administrations with state-centric (i.e. non-inclusive) decision-making processes ³¹ ; ↓ Highly institutionalised beliefs incompatible with those of decision-makers ^{3, 14, 47} ; ↓ Malnutrition's low visibility among those affected, often the 'silent majority' and 'politically marginalised' ^{16, 43} .
(4) Supportive international actors	Degree to which actors with an international scope of operations and/or membership initiated, championed and/or supported national and sub-national nutrition policy processes ^{2, 3} . These included multi-lateral organizations (e.g. WHO, UNICEF, World Bank), donor agencies (e.g. USAID, DFID) and global nutrition initiatives (e.g. Scaling Up Nutrition) ^{15, 19, 21, 22, 38, 41, 45-47, 51, 55} . In some countries policy and programming was almost entirely donor-driven with initial research and pilot	International actors enabled commitment by mobilizing resources, financing policy development and programming (typically through general budget or sector support modalities) ^{23, 31, 32, 45-47, 60} , providing technical assistance and evidence, legitimizing national nutrition agendas ^{12, 21, 22, 28, 43} , framing nutrition problems and solutions (i.e. norm promotion) ^{13, 21} , supporting NANs and guiding institutions, funding nutrition policy research, building operational and strategic capacities, and advocating to governments ^{4, 21, 22, 31, 38} . However, they also had no or limited effect in several cases ^{3, 14, 16, 28, 59, 60} .	↓ Low donor alignment with recipient government priorities and national multi-sectoral strategies ^{4, 11, 13, 32} ; ↓ Absence of coherent government policies, coordinating structures and accountability mechanisms (i.e. encouraging donors to 'go it alone') ^{14, 59} ; ↓ Over-dependence on external donor funding alongside weak government commitment and/or capacities ^{15, 16, 45} .

	projects taken to scale in collaboration with government partners ^{45 46 60} .		
(5) Private sector interference	Degree to which mobilized groups representing the interests of private investors interfered with and impeded nutrition policy processes ⁵ . These included <i>inter alia</i> agri-businesses, grocery retailers, food service providers, marketers and their representative peak bodies. Such groups were typically described as highly organized, internationally connected and financially resourced ^{5 8 9 27 35 57 61-65} .	Private sector interest groups impeded commitment for food regulations targeting obesity prevention by framing policy debates and disputing evidence, pre-emptively adopting self-regulation (i.e. policy substitution), directly lobbying policy-makers, and through public relations efforts portraying business as socially responsible ^{5 8 9 27 35 57 61-65} . In LICs and LMICs the private sector may have impeded nutrition-sensitive agriculture and food distribution via their structural dominance within food systems and as powerful constituencies resisting policy change ^{3 32 59 66} .	↑ Neoliberal ideology and its normative manifestations within governing institutions ^{5 8 34 62 67 68} ; ↑ Financial resources and structural importance of the private sector within national economies (i.e. as suppliers of jobs and tax revenue) ^{5 8 38} or food systems ^{32 59 66} ; ↑ International capital mobility (i.e. via trade liberalization) allowing transnational corporations to punish or reward governments for their policy decisions ^{48 57} ; ↑ Shift towards hybrid (i.e. public-private) governance expanding food industry power in public policy ^{5 8 57 58 62 67} ; ↑ Agricultural subsidies, tax concessions and ‘pork-barrelling’ creating powerful electoral constituencies resisting nutrition-sensitive policy change ^{32 46 59} .

Table S4.2. Institutions

Factor	Description of factor	Mechanism of influence	Co-factors ↑ amplifying, ↓ diminishing, → sustaining mechanism
(6) Strength of institutions	Extent to which coordinating agencies and institutional systems mandated to address malnutrition effectively coordinated multi-sector/-level responses and mobilized sustained attention and resources ^{38 43} . Coordinating agencies were typically government bodies located within supra-sectoral agencies (e.g. office of the prime minister) or line agencies (e.g. ministries of health, agriculture, or gender), but also formalised coalitions of non-governmental actors acting independently or in unison with government, and informal taskforces operating within a wider multi-sector development context ^{3 21 22 38} . Guiding institutions were often embedded within broader institutional frameworks with delineated multi-sector/-level roles and responsibilities ^{11 18 21 24 38} . Sectors involved included health and agriculture ^{18 22 46 52 69} , but also <i>inter alia</i> gender, labour, education, finance, economic development, industry, water and sanitation, and social protection ^{11 18 32 33 40 43 55 70} . The complex institutional arrangements involved with coordinating multi-sector/-level responses and the limited ‘institutional ownership’ for nutrition resulting from such arrangements were commonly reported commitment-building challenges ^{3 11 12 16 24 31 32 43 46 51 55} .	Effective coordinating agencies and institutional systems enabled and sustained commitment by <i>inter alia</i> providing structures for consensus-building, coordinating multi-sector/multi-level policy development, implementation and monitoring activities, mobilizing human, technical and financial resources, and advocating for sustained attention and resources ^{3 4 16 18 21 22 32 43 47} . Conversely, the failure of such institutions constrained commitment ^{3 15 21 32 38 46 52 59} .	↑ Positioning of coordinating agencies within supra-sectoral/central government agencies with sufficient authority, capacities, financial resources and leadership ^{11 28 38 47 52 55} ; ↑ Strong incentives for multi-sectoral/multi-level coordination including enabling legislation, shared and sector-specific goals, performance measures and performance-based budgeting ^{21 38 46 55 71} ; ↑ When coordinating agencies had responsibility for multi-sectoral planning, monitoring and reporting activities, but implementation remained a sectoral responsibility ³⁸ . ↓ Possession of limited powers, organizational capacities and financial resources, most often when located within politically weak line ministries (e.g. ministries of health, gender) ^{3 15 21 32 38 46 52 59} ; ↓ Absence of enabling legislation ^{46 72} ; ↓ Over-focus on technical work or implementation activities to the neglect of advocacy for sustained attention and resources ^{11 38 43} ; ↓ Competition from other organizations ^{11 15 43} ; ↓ Decentralisation, when expanded power of sub-national actors weakened centralised authority ^{4 15 21 39 43 45} .
(7) Effective vertical coordination	Degree to which nutrition policies were effectively coordinated, implemented and monitored across levels of governance (i.e. national, regional, municipal, community), particularly with regards to the cooperation incentives (e.g. legal frameworks, resource transfers, and political motives) of sub-national governments and other actors to adopt, progress and benefit from policies established by central government ^{23 32 69 73} . Vertical coordination presented a significant challenge for policy	Effective vertical coordination enabled and sustained commitment by incentivising actions and building ownership among all actors involved along national to sub-national implementation pathways, and by catalysing ongoing support for successfully implemented policies (i.e. success breeds commitment breeds success) ^{23 32 38 45 71} . Conversely, ineffective vertical coordination resulted in poor implementation outcomes thereby diminishing ongoing commitment (i.e. trapping nutrition in a ‘low-priority cycle’) ^{23 32 69 73} . Decentralised institutional	↑ Strong incentives for vertical coordination including legal frameworks, performance measures, accountability mechanisms and resource transfers (e.g. results and/or performance-based budgeting) ^{32 38 71} ; ↑ Presence of existing decentralised institutional structures with adequate organizational capacities for coordinating sub-national policy and programming activities ^{23 32 38 45} ; ↑ Aligned political motivations of sub-national government officials ³² . ↓ Lack of engagement of sub-national actors responsible for implementation in central policy development ^{14 32 45 46 55} ; ↓ Absent

	implementation given the many potential ‘veto points’ for actors to impede nutrition policies across national to sub-national ‘implementation pathways’, and the need for balance between efficiencies gained from centralised planning versus policy adaptation to meet local-level needs and demands during implementation ^{32 69 73} .	structures (e.g. regional and local-level food and nutrition bodies) and national data sharing systems underpinned ‘reflexive governance’ whereby centralised policies were calibrated in response to feedback on changing implementation challenges, on-the-ground conditions and local-level demands ^{32 56 73} .	institutional structures or weak capacities of actors operating along national to sub-national implementation pathways ^{11 13 32} ; ↓ Ineffective/incomplete decentralisation processes leading to delays in sub-national planning, financial disbursements and the establishment of accountability systems ^{13 45 46} ; ↓ Poor communication between central and decentralised administrations ^{11 14 55} ; ↓ Lack of local-level data systems and evidence to inform implementation ^{43 69} .
(8) Legislative, regulatory and policy frameworks	Degree to which national nutrition policies, operational plans and enabling legislation were well-designed and enacted, and/or the alignment of nutrition objectives with broader policy agendas and regulatory frameworks ^{46 68 71} . Policy development was defined as the “...the seeking of agreements among government ministries, external partners, and other stakeholders on priority interventions, target groups, and implementation strategies, along with delineation of roles and responsibilities” ⁴⁹ .	The development and adoption of national nutrition policies, operational plans and enabling legislation generated commitment by <i>inter alia</i> demonstrating a commitment to which governments could be held accountable, enabling beliefs on the need for coordinated action within government, providing a framework for multi-sector/-level coordination, and stipulating policy monitoring and evaluation processes ^{25 38 45 46 51 52 55 71} .	↑ Positioning of nutrition within national development plans, social welfare reforms and/or poverty reduction strategies ^{11 23 24 38 48 54} ; ↑ Global-level policies and commitments that compelled national governments to initiate policy responses ^{19 21 32 41 45 74} ; ↑ Clear numerical commitments in policy documents ^{32 46 72} . ↓ Exclusion or marginalisation of nutrition within national development plans, social welfare reforms and/or poverty reduction strategies ^{43 46 75} ; ↓ Limited capacities to generate consensus and manage conflicts during policy development processes ^{10 13 49 51} ; ↓ Government deregulation agendas and regulatory vetting (i.e. regulatory impact assessments to determine costs to business) with overly-stringent evidential requirements, undermining commitment for food regulations targeting obesity prevention ^{65 68} .

Table S4.3. Political and societal contexts

Factor	Description of factor	Mechanism of influence	Co-factors ↑ amplifying, ↓ diminishing, → sustaining mechanism
(9) Supportive political administrations	Degree to which members of the executive (e.g. head of state and ministers) and legislative (e.g. parliament, congress) branches of government, their political decision-making structures (e.g. committees and enquiries), and high-level government administrators (e.g. heads of government agencies) initiate and champion nutrition policy processes ^{18 23 24 28 32} . These typically constituted the primary power structures shaping nutrition policy responses ^{11 17 18 21 28 32 39 40 45 47 71} . In countries with devolved political systems (i.e. with expanded power of sub-national actors) this included regional and local-level political administrations ^{32 37} .	Supportive political administrations enabled commitment by articulating policy debates, proposing, promoting and legitimising policies, facilitating inclusive policy processes (e.g. public consultations), drafting policy and legislation, providing institutional memory, and acting as an accountability mechanism by overseeing government policy initiatives, agencies and expenditures ^{18 23 24 28 32} . Conversely, unsupportive political administrations constrained commitment ^{4 14 23 24 32 34 46 47 52 75} . Expressed commitments by heads of state were, in some cases, not backed-up by directives to legislative and administrative branches of government for action (i.e. indicative of expressed commitment as ‘symbolic gesture’) ^{11 32 38 51 59} .	↑→ Non-partisan (i.e. multi-party or multi-faction) coalition building and active involvement of legislators/parliaments in policy processes ^{18 21 32} ; ↑ Legislative/regulatory powers of sub-national governments allowing obesity policies to progress in absence of central commitment ^{5 7 63} ; ↑ Inclusive policy processes linking policy-makers with the demands and needs of civil society groups and policy beneficiaries ^{18 19 31 32 49 71} ; ↑ Election of social-democratic governments with strong social welfare and anti-poverty agendas ^{3 11 19 24 28 32 38 48 71} ; ↑→ Electoral continuity of social-democratic governments ^{3 28} ; ↑ Election of nutrition champions as legislators, or their appointment as high-level bureaucrats ^{9 11 17 21 24 25 38 41 53} ; ↑ Transition to democracy enabling more socially-orientated policies ^{24 54} . ↓ Low-cost of inaction due to limited electoral demand and social accountability (e.g. absence of civil society pressure) ^{4 14 24 32 46 47 52 75} , exacerbated when malnutrition affects politically marginalised population groups (e.g. women, children and the poor) ¹¹ ; ↓ Exclusion of legislators from governance and policy processes ^{14 23 32} ; ↓ Poor nutritional literacy and low-level visibility of malnutrition (especially stunting and some micronutrient deficiencies) among parliamentarians, administrators and citizens ^{14 15 39 45 51 54 14 15 39 45 46 51 52 54} ; ↓ Low-level electoral demand for action on nutrition relative to more tangible ‘vote-winning’ issues or emergent preoccupation of political leaders with other social or economic concerns ^{11 14 16 19 21 39 43 45 46 55} ; ↓ Policies and programmes lacking visibility when outcomes (i.e. improvements in nutrition status) weren’t discernible to beneficiaries and/or traceable to

			the political leaders who championed them ^{11 14 75} ; ↓ Election of or congressional control by liberal-conservative governments impeding food regulations targeting obesity prevention ^{5 8 9 50} ; ↓ Highly partisan, fragmented and unstable political environments ^{14 76} .
(10) Societal conditions & focusing events	Extent to which long-term changes in societal conditions or shorter-term focusing events focused attention onto nutrition or closely related issues. Societal conditions were described as long-duration phenomena that influence many aspects of government policy agendas that are directly or indirectly related to nutrition ^{13 20} . Focusing events as short-duration processes that focus attention onto nutrition or related issues ^{3 13} .	Societal conditions and focusing events presented opportunities for generating commitment by focusing public and political attention directly onto nutrition or closely associated issues ^{3 13 20 49} . Focusing events (e.g. famine, conflict, economic crises) were, however, detrimental when they focused attention onto and institutionalised food production and distribution responses (i.e. food bias) at the expense of broader (i.e. nutrition-sensitive) long-term responses to undernutrition ¹³ . Societal conditions and focusing events were more likely to advance commitment when NANs had sufficient foresight, leadership, and capacities to take advantage of the opportunities presented ^{13 49} . In some cases only highly visible forms of acute malnutrition (e.g. severe wasting and underweight) associated with increased attention to nutrition ^{3 32 45} .	<i>Societal conditions</i> : ↑ Economic growth enabling greater resources for nutrition budgetary commitments ²⁸ ; ↑ Long-term trends in population health and nutrition status (e.g. epidemiological transition) ^{5 10 41} ; ↓ Ongoing conflict/insecurity ^{15 22 59 74 77} . ↓ Weak government revenue-raising capacity constraining nutrition budgetary commitments ^{3 32 50 56 59} ; ↓ Corruption and embezzlement ^{3 32 56} ; ↓ Economic downturn/austerity that reduces support for obesity food regulations due to costs / impacts on business ^{5 7 20 50} . <i>Focusing events</i> : ↑ Famines, natural disasters, political upheavals, economic crises ^{13 15 45 47 49 51 74} ; ↑ High-profile and/or consistent media coverage ^{3 9 17 28 45 47 52 56 58 62 63} ; ↑ Elections, government planning cycles, high-level speeches, parliamentary debates, ratifying international agreements, change in regime type (e.g. from authoritarianism to democracy) ^{5 18 24 28 32 41 46 48 54} . ↑ Broader policy discourses that nutrition actors can sensitise (e.g. MDG implementation, primary health care) ^{13 40 47} ; ↑ Direct actions of nutrition actors (e.g. high-profile events) ^{3 21 51} ; ↓ Famines, natural disasters, political upheavals, economic crises (when institutionalising food distribution at expense of nutrition) ¹³
(11) Ideology and institutional norms	Extent to which entrenched belief systems and practices predominant within political systems, policy-making institutions, and/or in society-at-large, negatively skewed perceptions about malnutrition problems and undermined effective policy responses ^{4 5 31 51 67 78} .	Entrenched belief systems and practices narrowed and/or skewed perceptions about the scale, scope and nature of malnutrition problems thereby impeding commitment for more balanced policy responses addressing the broader determinants of malnutrition (e.g. women's empowerment, education, care of mothers and children, health services and unhealthy environments). In LIC, LMIC and UMIC studies food-centric beliefs (i.e. the conflation of nutrition security with food security; or malnutrition with lack of food) skewed responses towards agriculture, food distribution and food access ^{3 13 38 39 45-47 51 52 56 75 79} . Nutri-centrism skewed undernutrition responses towards nutrition-specific and/or curative/biomedical interventions at the expense of broader nutrition-sensitive ones ^{14 22 32 38 45 46} . In primarily HIC studies a neoliberal ideology skewed overweight/obesity responses towards behavioural-lifestyle interventions and market-driven approaches with a limited role for government intervention and market regulation ^{5 8 20 34 48 62 67 68} .	<i>Food-centrism</i> : ↑ Catalytic events (e.g. drought, economic crises) that stimulate and institutionalise food distribution and emergency food aid responses at the expense of longer-term 'development nutrition' ^{12 32 46} ; ↑ Food distribution schemes that create political and electoral entitlements thus becoming entrenched electoral issues diverting attention away from nutrition ^{3 13-15 24 59} ; ↑ Long-standing agricultural subsidies that create food-centric electoral constituencies resisting change (e.g. maize in Zambia) ^{32 46 59} ; ↑ Over-emphasis on agricultural commercialisation and cash-cropping (i.e. productivism) at the expense of meeting local nutritional needs ^{46 73} . ↓ Convergent (i.e. nutrition-specific and nutrition-sensitive) programming within broader poverty reduction agendas ^{18 32 38 54 74} ; ↓ Norm-promotion using the UNICEF nutrition determinants framework as an educative tool ^{13 22 69} <i>Nutri-centrism</i> : ↑ Placement of nutrition within ministries of health results in an over-emphasis on nutrition-specific interventions at the expense of nutrition-sensitive ones ^{14 22 32 45 46} ; ↑ Prevailing narratives at international level that narrow national nutrition agendas (e.g. micronutrient focus) ¹³ ; ↑ Civil society groups that become fixated on single issues and ideologically resistant to alternatives ^{3 14} . <i>Neoliberalism</i> : ↑ Institutional filtering of scientific advice and mobilization of bias in favour of behavioural-lifestyle approaches that download responsibility onto individuals rather than governments and industry ^{5 8 20 48 62 67} ; ↑ Belief in an expanded role for the private sector in public policy and governance ^{5 8 62 67} ; ↑ View that government should have no or only a minimal role in regulating markets and free enterprise ^{5 8 34 62 68} .

Table S4.4. Knowledge, evidence and framing

Factor	Description of factor	Mechanism of influence	Co-factors ↑ amplifying, ↓ diminishing, → sustaining mechanism
(12) Credible indicators and data systems	Availability of credible indicators and high quality data systems for monitoring malnutrition problems, informing policy design and calibration, enabling accountability systems, and tracking progress ^{3 5 12 13 16 18 21-23 28 32 38 40 41 44 47 51 54 56 61 63 76} .	The availability of credible indicators and data systems enabled commitment by informing problem identification (i.e. by demonstrating the changing prevalence and distribution of malnutrition), policy development and ongoing calibration (i.e. in response to feedback), by informing the development of internal frame alignment (i.e. a shared discourse) among those involved, and by enabling effective accountability systems ^{3 5 12 13 16 18 21-23 28 32 38 40 41 44 47 51 54 56 61 63 76} . Data demonstrating ‘policy success’ underpinned successful advocacy efforts for sustaining commitment ^{11 16 22 39 76} . Conversely, the absence of data and weak data systems impeded commitment ^{3 6 10 12-14 16 34 43 45 46 58 69 72} .	↑ Clear nutrition targets and indicators for measuring progress, and adequate multi-sector/multi-level data collection and reporting systems ^{14 32 38 46 56 71} ; ↑ Transparent data systems allowing for the dissemination of data and its analysis by different stakeholders ²⁴ . ↓ Absent or weak multi-sector/-level targets, indicators and data systems ^{14 46 72} ; ↓ Lack of local-level indicators and data systems ^{3 6 10 12 13 16 34 43 45 58 69} ; ↓ Limited capacities with regards to collecting, managing and analysing data, including limited training, equipment and incentives ^{16 19 32 46 52 60 75} .
(13) Evidence	Extent to which robust evidence on the causal linkages between malnutrition’s determinants and outcomes, and the efficacy and cost-effectiveness of policy and programmatic interventions, was available and clearly communicated and accepted ^{18 20-22 26 38 42 54 71} .	Decision-makers may be more likely to pay attention and commit resources to problems with clearly understood determinants and with cost-effective, evidence-based and clearly communicated solutions that are likely to be effective ^{2 3} . Evidence played a significant although by itself insufficient role in supporting advocacy efforts, policy design and implementation activities ^{18 20-22 26 38 42 54 71} , and in some cases provided an ‘economic rationale’ for intervention ^{5 45 46 68} . Conversely, the perception that evidence was lacking, unconvincing or inconsistent impeded commitment ^{3 5 6 10 16 28 36 45 46 48 52 58 61 63 65 68} .	↑ Communication of evidence via ‘knowledge-brokers’ ^{12 19 36 48 52} , in language policy-makers understand ^{36 46 52} , and/or using communicative devices (e.g. country profiles, short briefs, maps) ^{38 52} ; ↑ Commissioning authoritative bodies to gather and integrate evidence ^{6 26 71} ; ↑ Strong international evidence to support and add credibility to national advocacy and policy processes ^{6 12 16 19 21 54} . ↓ Lack of local-level evidence and/or the perceived inapplicability of international/national evidence to inform national/sub-national responses ^{3 6 10 12 13 16 34 43 45 58 69} ; ↓ Failure to communicate in language policy-makers understand ^{3 5 6 28} ; ↓ Proposed solutions too out of alignment with existing institutional structures ³ ; ↓ Higher evidential requirements when issues are strongly contested, as in the case of food regulations targeting obesity prevention ^{5 8 58 63} ; ↓ Methodological difficulty of evaluating upstream food regulations versus behavioural-lifestyle or clinical interventions targeting obesity prevention ^{5 20 68} ; ↓ Methodological difficulty of evaluating single upstream regulatory interventions targeting obesity prevention with little discernible effect in isolation from supporting package of synergistic interventions ^{65 68} .
(14) Internal frame alignment	Degree to which NANS were aligned around a common understanding and portrayal (i.e. framing) of a given problem’s definition, its magnitude and causes, and the solutions for resolving it ^{4 13 16 18 21 23 25 40 47 51 52 71} .	NANS that were aligned around a common problem definition, causal interpretation and set of proposed solutions were more likely to overcome ideological differences, appease powerful ‘veto players’, be perceived as an authoritative source of knowledge and effective at influencing decision-makers ^{4 13 16 18 21 23 25 40 47 51 52 71} . Achieving internal frame alignment was a significant challenge given the diversity of stakeholders involved in NANS ^{14 22 32 46 55 66 69} . Internal disagreement was “an almost universal feature of the nutrition policy process” and typically less about technical issues and evidence as about “structural factors” including divergent organizational mandates, interests, administrative systems and professional cultures ^{3 4 10 11 13 39 49} . The failure to achieve internal frame	↑ When institutional mechanisms (e.g. governing bodies, conferences, workshops and informal networking events) provided sufficient opportunities for forming alliances, sharing information, socializing new members, building consensus and managing conflicts ^{4 10 21 23 31-33 39 47 71} ; ↑ Presence of leaders capable of unifying disparate actors ^{10 22 32} ; ↑ Strategic capacities to manage competing organizational interests, mandates and professional perspectives ^{10 13 16 22} ; ↑ Availability of accurate, credible and timely data or a shared causal framework (e.g. the UNICEF nutrition framework) to support a unifying discourse ^{10 22 32} . ↓ Internal disagreements arising from a broad diversity of topics, but particularly by distrust and disagreement regarding the role of the private sector in nutrition policy ^{3 10 12 16 20 27 28 30} .

		impeded NAN effectiveness in many cases ^{3 5 9 10 14 15 22 28 30 34 38 39 46 48 56 58 59 66} .	
(15) External frame resonance	Degree to which nutrition actors publicly portrayed (i.e. framed) nutrition problems and solutions in ways that resonated with and motivated external audiences to act, particularly political decision-makers ^{2 13 21 32} . Also the degree to which nutrition actors successfully addressed the frames deployed by opponents ^{5 57 63 64} .	Certain frames (i.e. those that attribute causality, responsibility, severity, neglect, tractability and benefit to an issue) resonated with, mobilized and thus enabled commitment from external audiences more than others ^{1 2 5 69} . Attaching nutrition to high priority non-nutrition issues (i.e. frame expansion) successfully enabled ‘nutrition success without nutrition commitment’ by sensitising and positioning nutrition within broader policy agendas ^{13 18 32 38-40} .	<p>↑ When frames were aligned with the underlying values and beliefs of decision-makers^{5 21 31 35 37}, including their perceptions of technical and political feasibility^{3 11 28 31}; ↑ When NANs argue behind closed-doors and speak with a ‘common voice’ (i.e. consistent external frame alignment)^{13 21 32}; ↑ Messages strategically tailored to align with the priorities, interests, and needs of target audiences³³⁻³⁷.</p> <p><i>Substantive frames included:</i> ↑ An economic rationale for government intervention including costs to national health systems, economic development and productivity^{5 30 45 46 68}; ↑ Vulnerability of children to malnutrition^{3 5 35 71}; ↑ Human right to food and health^{3 24 28 32 47}; ↑ International comparisons highlighting the particular severity of malnutrition in a country²⁸; ↑ Food industry demonization, particularly with regards to marketing of unhealthy foods and beverages to children⁵; ↑ Increasing use of an obesogenic environment frame locating responsibility with the ‘causes of the causes’ of obesity and thus with a wider diversity of actors beyond the individual^{5 62 71}; ↑ Societal conditions and focusing events (e.g. drought, HIV/AIDS, health systems reform) that creates “a larger policy discourse within which nutrition can be strategically framed”¹³.</p> <p>↓ Oppositional food industry frames including individual/parental responsibility, scientific evidence as contested or inconclusive^{5 57 63 64}, the ‘singling-out’ of processed foods as unfair^{5 20 30 35}, and regulation as undermining commercial viability^{5 20 48}.</p>

Table S4.5. Capacities and resources

Factor	Description of factor	Mechanism of influence	Co-factors ↑ amplifying, ↓ diminishing, → sustaining mechanism
(16) Strategic capacities	Degree to which NAN members possessed ‘soft-power’ skills including the capacity to generate consensus, resolve conflicts, respond to recurring opportunities and challenges, build strategic alliances, undertake strategic communications and related tasks ¹³ . Described as “a body of craft knowledge with considerable practical utility” ¹³ .	Nutrition actors possessing strategic capacities were more capable of building cohesive and effective NANs and managing the complex political and policy processes involved with commitment-building ^{11 13 21 22 25 26 41 47 51 76} . This included strategic communication, involving the capacity for negotiation, compromise and tailoring of messages to different audiences ^{9 11 13 31 32 37 41 47} . Conversely, the absence of or weak strategic capacities impeded the effectiveness of nutrition actors ^{3 5 9 11 28 46} .	<p><i>Individual-level:</i> ↑ “Socially-attuned leadership, management, communication, negotiation, and conflict management skills”^{9 11-13 25}; ↑ Genuine personal interest and motivation^{17 21 24 44 47}; ↑ Systems-thinking¹²; ↑ Strong inter-personal networks (e.g. with civil society, experts, policy-makers)²⁵; ↑ An incorruptible, credible and competent reputation⁴⁷.</p> <p><i>Institutional-level:</i> ↑ Institutional mechanisms (e.g. governance bodies, conferences, working groups, informal networking events) providing opportunities for building consensus, managing conflicts, fostering commitment, and developing competencies^{4 10 13 21-23 31 33 39}; ↑ Building and maintaining strategic multi-stakeholder partnerships^{16 22 25 31 32 38 42}.</p> <p><i>Strategic communication:</i> ↑ Advocating for incremental/realistic policy changes aligned with existing priorities of decision-makers^{4 18 21 34 35 38 39}; ↑ Having a clear context-specific advocacy strategy^{9 34 39}; ↑ Utilising champions with direct access to policymakers^{17 21 25 32 39}; ↑ Framing nutrition so as to ‘hook it’ onto related issues within broader national development and poverty reduction agendas^{18 38 39}; ↓ Poor negotiation skills, being inflexible, having a narrow perspective or unwillingness to forgo autonomy^{13 38}.</p>

(17) Operational capacities	Degree to which those operating within NANs have the required technical knowledge and skills, administrative systems, and human resources to effectively generate commitment, including through the effective management of nutrition policy and programming responses ^{11 13 51} .	Insufficient operational capacities undermined commitment by constraining the commitment building activities of NANs, including the effective management of nutrition policy processes thereby increasing the likelihood of policy failure ^{11 14 16 19 21 25 31 32 45-47 55 56 59 60 69 74 75} .	<p>↑ Low administrative turnover, hiring collaborative personalities, and allowing choice regarding postings^{21 47}; ↑ Generating commitment among street-level implementers via site visits, and recognizing/rewarding good performance⁴⁷; ↑ Technical expertise and secretarial support of donors^{16 47}.</p> <p>↓ Lack of trained nutrition professionals and administrative staff undermining policy development and implementation, particularly at local-level^{11 16 19 21 32 45 46 55 59 60 69 74}; ↓ High turnover of ministers and administrators and/or disruptive administrative restructuring^{11 19 22 28 46 52}; ↓ Limited technical capacities, particularly for multi-sectoral/-level data collection, management and analysis^{16 19 32 46 52 60 75}; ↓ Absent or weak budgeting, record-keeping and accounting capacities undermining transparency, financial planning, programming efficiency, and accountability^{31 32 45 56 59 60}; ↓ Highly complex administrative systems impeding effective, timely and transparent funding allocations, especially in context of weak administrative and accounting capacities^{14 32 47}.</p>
(18) Financial resources	Degree to which nutrition budgetary commitments and funding allocations sufficiently incentivised multi-sector/-level policy coordination, ensured successful policy implementation, and created ownership and entitlements among political elites, policy-makers, citizens and other stakeholders ³² .	The expansion of nutrition budgetary commitments, adequate funding, and effective financing mechanisms enabled commitment by supporting coordinating agencies and institutional systems, incentivising multi-sector/multi-level collaboration, effective policy implementation, and creating entitlements/ownership among political elites, policy-makers, citizens and other stakeholders ^{3 32 38 54 55 71} . Inadequate financial resources, or the failure to effectively utilise or administer existing resources, undermined policy development and implementation ^{11 14-16 21 25 31 32 39 42 45 46 55 56 59 60 74-76} . Results-based budgeting underpinned successful policy responses by raising awareness within government, calculating and securing ongoing funding, effectively incentivising multi-sector/-level coordination, improving transparency and accountability, and enhancing the effectiveness and efficiency of nutrition as well as broader poverty reduction programming ^{3 23 32 38 54} .	<p>↓ Cost-shifting from national to sub-national governments (i.e. to create shared financing responsibility) but limited capacity to utilise funds or reciprocate funding allocations at sub-national levels^{28 32 42}; ↓ Absence of nutrition line item in government budgets undermines autonomy of implementing agencies (e.g. allocations enveloped within budgets of other departments or for other issues), and impedes accountability^{45 55 60}; ↓ Concerns regarding the cost of implementing regulations targeting obesity prevention, accentuated during times of financial crisis and budgetary austerity^{6 7 19 25 34}; ↓ In low-income countries, inadequate government financing increases reliance on external donors thereby limiting government accountability^{16 32 45 59 60 75}; ↓ Go-it-alone bilateral funding provided directly to a single ministry reduces incentives for multi-sector coordination^{32 59}; ↓ Siloed funding mechanisms compromise coordination, limited the flexibility of resources allocations, and generated competition for scarce resources (i.e. ‘turf wars’)^{11 14 16 31 43 75}.</p>

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