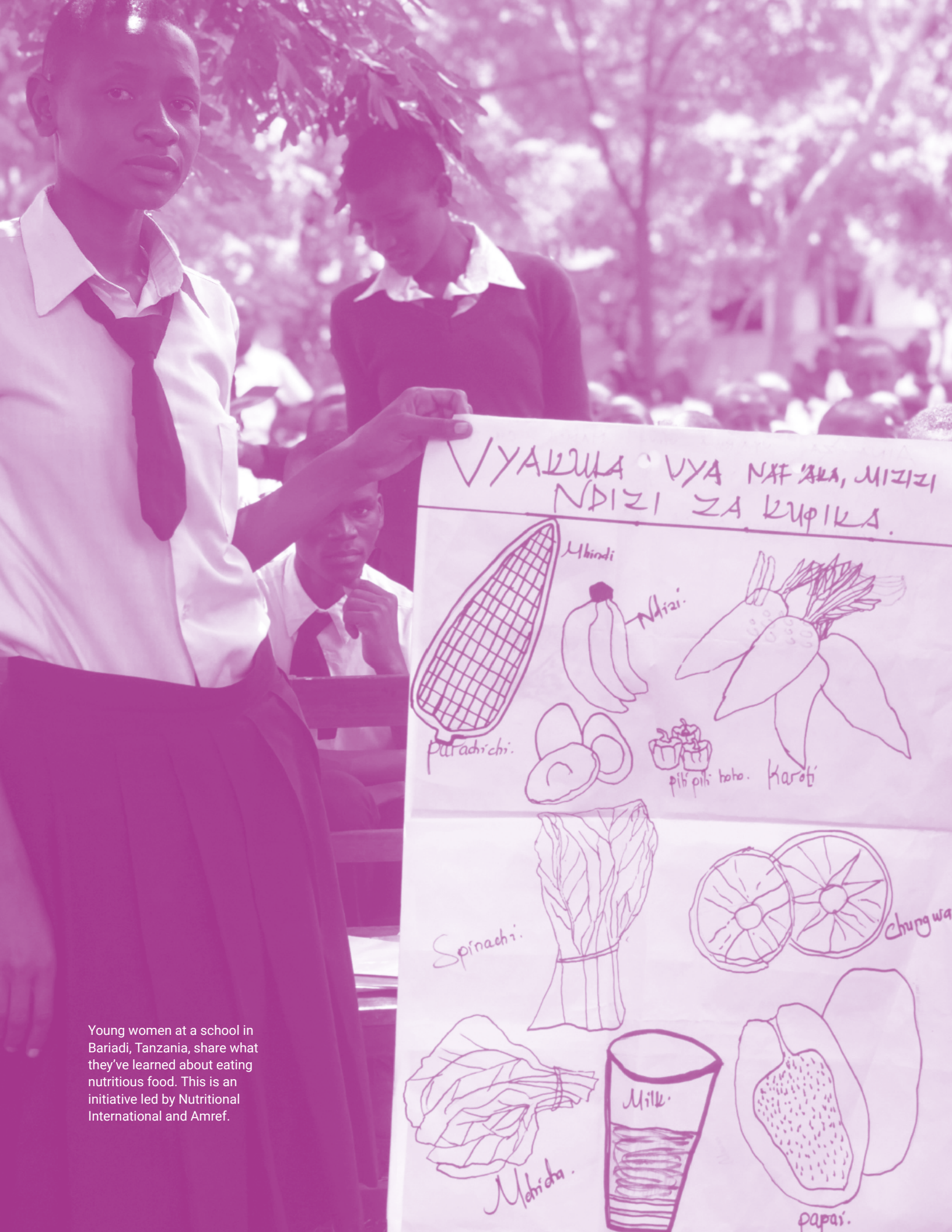


If Not Now, When?

**CENTERING
NUTRITION
IN THE PANDEMIC
RESPONSE
AND RECOVERY**

ACTION GLOBAL HEALTH
ADVOCACY PARTNERSHIP



VYAKULWA VYA NAF'AKA, MIZIZI NDIZI ZA KUPIKA.



Young women at a school in Bariadi, Tanzania, share what they've learned about eating nutritious food. This is an initiative led by Nutritional International and Amref.

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Nearly all photos in this report come from Results Canada, taken during their parliamentary delegation to Tanzania in 2020. They hosted two members of Parliament to observe nutrition and other projects. Site visits to health centers, schools, and communities showcased the impacts of Canadian nutrition funding; they left Tanzania inspired to champion global health issues on their return to Ottawa.

Overview

In 2018, 5.3 million children died under the age of five,¹ and almost half of these deaths can be attributed to undernutrition.² The world is substantially off-track, partly due to underfunding, to meet both the 2025 World Health Assembly (WHA) nutrition targets and Sustainable Development Goal (SDG) 2: Zero Hunger.³ This comprehensive lack of progress on nutrition costs the global economy US\$3.5 trillion annually⁴ and is a constant limiting factor in all other development agendas, including health, and in driving economic development. Urgent and scaled-up action, including new and increased financial resources for nutrition, is essential and cannot wait. We must also build nutrition into universal health coverage (UHC) plans and programs because nutrition is key to so many other health issues.

If we don't act now, then we miss a key opportunity to transform the lives of millions of children and women and set the world on a different track.

The Nutrition for Growth (N4G) Summit in London in June 2013 was a turning point for nutrition financing. Yet, many of the commitments made at the London Summit are set to expire in 2020. The world risks jeopardizing past and future progress if national governments, donors, multilaterals, philanthropic organizations, civil society organizations, businesses

of all sizes, and business associations do not re-focus their efforts and renew their commitments for 2021 and beyond. The Tokyo N4G Summit provides the opportune moment to do this; though it has been postponed in light of the global COVID-19 pandemic, the Government of Japan is unwavering in its commitment to nutrition, and ACTION stands ready to support the Government of Japan's decision on the way forward for N4G.

We know what nutrition actions are effective, and which are needed in normal times; these measures are even more crucial as part of our response to COVID-19. Direct nutrition interventions should be considered as essential services now because well-nourished people have stronger immune systems. New and additional financial resources for nutrition programs are imperative, and these resources must be invested in high-impact, evidence-based interventions as well as the tools that will ensure success and accountability. Without investment, results will continue to be too slow and the required progress will not be made – especially with a world wracked by COVID-19.

The choices and investments that leaders make now will accelerate – or impede – meeting the ambition of all the SDGs in 10 years' time. Leaders must take this opportunity to step up for nutrition to transform global development.



In 2018, 5.3 million children died under the age of five, and almost half of these deaths can be attributed to undernutrition.

Recommendations

- 1 Nutrition interventions must be appropriately included in the sub-national, national, and global COVID-19 response and recovery plans.** Efforts are rightly focus on the COVID-19 response at present, but we should not lose sight of the compounding impact that existing malnutrition will have on vulnerable populations.
 - a** Nutrition actors should concentrate on supporting countries to understand and respond to the nutrition risks in their context; this should include, where needed, analysis to inform good decision-making and investment and policy recommendations. The Scaling Up Nutrition (SUN) Movement COVID-19 information note⁵ should be referred to for detailed programmatic recommendations.
 - b** High-burden countries should take this opportunity to study the importance in UHC and social protection programs to the health and resilience of their populations.

- 2 New and additional financial commitments to nutrition must be made by all partners; they must be ambitious, in line with the N4G Commitment-Making Guide, and recognize the resource gap for nutrition-specific interventions. In addition,**
 - a** Donors must ensure their previous commitments are met, and if they are not prepared to make a new commitment in 2020, then they need to extend and increase their previous commitments through 2021 to ensure continuity
 - b** High-burden countries must ensure high-level political leadership for nutrition through the appointment of high-level civil servants to drive ambitious action at the national level.

- 3 To have maximum impact, resources must be invested in high-impact, evidence-based interventions and the tools that will ensure success and accountability. This includes interventions focused on the following:**
 - a** Improving women and adolescent girls' nutrition;
 - b** Tackling stunting;
 - c** Reducing wasting;
 - d** Ensuring no missed opportunities to integrate nutrition in other areas, such as health, education, building climate resilient and nutritious food systems, global health emergencies and pandemics, and water and sanitation; and
 - e** Ensuring accountability for impact by ensuring adequate funding for civil society to hold governments and each other accountable, investing in the data that drives programs and the data that demonstrates progress.

- 4 All commitments must also be made in-line with the Tokyo N4G Summit 2020's accountability process to allow for better tracking and monitoring of nutrition investments and, in turn, increased impact.** Through alignment and coherence of the reporting frameworks, it will provide an essential opportunity to build a comprehensive picture of both the scale of global investments in nutrition as well as the impact of these investments.

Where Are We Now?

The 2013 N4G summit was a turning point for nutrition financing. The summit galvanized world leaders to generate a lasting legacy to build a safer, healthier, and more prosperous world by spearheading global action to tackle malnutrition. Since 2013, the number of children whose future is stunted by malnutrition has fallen by 12 million.⁶ Building on the 2013 commitments, further momentum has been generated; the World Bank has shown further leadership with the launch of the Africa Human Capital Plan, which commits to reducing stunting rates to 26 percent by 2023,⁷ and the African Development Bank has stepped up with the African Leaders for Nutrition Initiative.

In 2018, 5.3 million children died under the age of five,⁸ and almost half of these deaths can be attributed to undernutrition.⁹ One in three children globally suffers from one or more forms of the triple burden of malnutrition: undernutrition, micronutrient deficiencies, and overweight and obesity.¹⁰ The world is substantially off-track to meet both the 2025 WHA nutrition targets¹¹ and SDG2. According to the 2020 Global Nutrition Report (GNR), only 106 out of 194 countries were on track for at least one nutrition target and only 8 countries are on track to meet four out of the six targets. No country is on track to meet all six of the targets. The two targets most off track – and the least funded – are anemia and breastfeeding, which most affect women and adolescent girls. Without additional efforts to consider the gendered dimensions of nutrition, progress on all other indicators will remain limited.

The comprehensive lack of progress on key nutrition indicators is a constant limiting factor in all other development agendas and costs the global economy \$3.5 trillion annually.¹² Nutrition is a foundational investment that drives progress in many crucial areas, from education to gender equality to health

and to economic growth. It is central to accelerating global progress toward the SDGs and is proven return on investment.

There are, though, a few success stories that prove the rule. From 2007 to 2014, Peru halved stunting rates from 28.5 percent to 14 percent¹³ through sustained political will, smart policies, and behavior change. A combination of factors made this achievement possible: a) the adoption of evidence-based programs and clear and ambitious targets to reduce stunting; b) strong coordination among government ministries, health professionals, and non-governmental organizations (NGOs); c) broad societal participation; d) increased government spending; and e) strategies focused on increasing the coverage of health and nutrition services among the most vulnerable.¹⁴

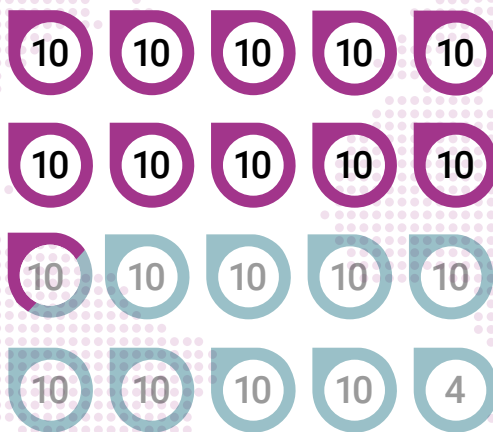
In Senegal, stunting rates fell from 30 percent in 2000 to 15.1 percent in 2016¹⁵ by shifting its approach on nutrition to a community-based holistic strategy; local governments, public service providers, and NGOs all took part in delivering nutrition services to communities and households.¹⁶

In Tanzania, between 1991 and 2018, rates steadily decreased for three indicators: stunting (from 50 percent to 32 percent), underweight (from 25 percent to 15 percent), and wasting (from 8 percent to 5 percent), according to the Tanzania National Nutrition Survey (TNNS, 2018). The survey shows that progress on stunting accelerated in 2010, with a 1.25 percent annual average decrease during those 8 years compared to a .42 percent annual average decrease the previous 19 years. Tanzania's success in tackling malnutrition has been attributed to the increased investment in nutrition interventions at the community level, using a multisectoral approach (called the SMART methodology), as well as the in-



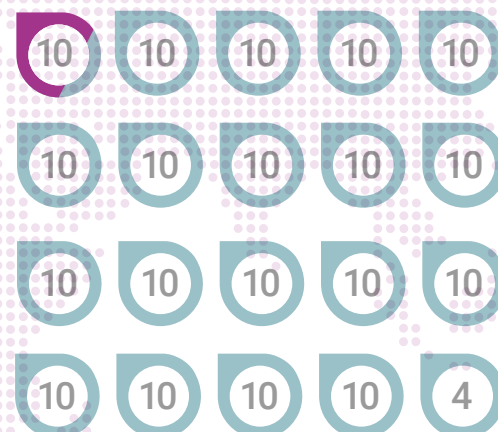
Lack of Progress

106 countries will achieve
1 WHA nutrition target



Each pointer represents 10 countries
194 total

8 countries will achieve
4 WHA nutrition targets



Each pointer represents 10 countries
194 total

Global nutrition targets 2025



STUNTING
TARGET:
40% reduction in
the number of
children under-5 who
are stunted



ANAEMIA
TARGET:
50% reduction of
anaemia in women
of reproductive age



LOW BIRTH WEIGHT
TARGET:
30% reduction in
low birth weight



**CHILDHOOD
OVERWEIGHT**
TARGET:
No increase in
childhood overweight



BREASTFEEDING
TARGET:
Increase the rate of
exclusive breastfeeding
in the first 6 months
up to at least 50%



WASTING
TARGET:
Reduce and maintain
childhood wasting to
less than 5%

creased political will that has led to the inclusion of nutrition in development plans.

Despite these success stories and the proof that investing in nutrition is the best way to achieve huge nutrition gains, the world risks jeopardizing the progress made so far. Many of the 2013 commitments are set to expire in 2020; a global shutdown

because of COVID-19 and funds (both domestic and international) redirected to the COVID-19 response will have compounding effects on nutrition. National governments, donors, multilaterals, philanthropic organizations, civil society organizations, businesses of all sizes, and business associations must refocus their efforts and renew their commitments for 2021 and beyond.

Need for Action

Progress on malnutrition will help achieve at least 12 of the 17 SDGs,¹⁷ and analysis in 2016 found that \$1 invested in nutrition could yield as much as \$35 in benefits, creating a huge opportunity to supercharge progress toward a range of development outcomes.¹⁸ Investments in nutrition spearhead and underpin positive outcomes across a range of essential areas such as improved health outcomes, improved educational attendance and learning, increased earning potential and gender equality. Only with investments in nutrition can the cycles of poverty and gender inequities be broken.

Urgent and scaled-up action is essential and cannot wait. With current rates of progress, achievement of the 2025 WHA targets is impossible, and the simultaneous challenges of the COVID-19 pandemic, climate change, and the growing list of countries experiencing fragility will make achieving all aspects

of nutrition even more difficult. Moreover, a failure to sufficiently address malnutrition will likely further compound existing vulnerabilities, creating a downward spiral of progress. Malnutrition is also unequal and sexist. A failure to act will compound gender inequalities; undermine investments in education, health, and economic development; and prevent efforts from reaching the most at risk. The world can no longer leave women and girls behind when they are the drivers of development.

If we don't act now, then a key opportunity will be missed to transform the lives of millions of children and women and set the world on a different track. The choices and investments that leaders make now will accelerate – or put a stop – to meeting the ambition of the SDGs with only 10 years to go. Leaders must take this opportunity to step up for nutrition.



Only with investments in nutrition can the cycles of poverty and gender inequities be broken.

Nutrition and COVID-19

While donor countries are rightly focused on reducing the impact of COVID-19 within their own borders, they must not lose sight of the global response. A recent report warned that COVID-19 could lead to an additional 5 million children in the priority countries for the UN Humanitarian Action Program for COVID-19 suffering from malnutrition; this is a 40 percent increase from current numbers.¹⁹ Malnourished people are more likely to get ill and to die as a result, so good nutrition, essential to developing a healthy immune system, is the first line of defense against COVID-19. It is, therefore, essential to minimize the disruption this pandemic will have on nutrition programs. A failure to do so could undo years of progress in tackling malnutrition and contribute to the spread of the virus.

To ensure continuity in nutrition programming, we urge bilateral aid programs to,

- Ensure community health workers have appropriate personal protective equipment and are able to implement no-touch techniques to show parents how to screen children for malnutrition.
- Incorporate social distancing measures into health and nutrition programs.
- Enable parents to treat malnourished children while in self-isolation and provide support to breastfeeding mothers.
- Use existing malnutrition services to screen for COVID-19 symptoms and promote social distancing and hygiene messages.
- Ensure life-saving activities, such as the distribution of food and cash, are classified as essential and exempt from restrictions by authorities.
- Anticipate supply chain problems and pre-position stocks of food and supplements.
- Ensure that aid staff who are still in-country are sufficiently briefed on nutrition.
- Roll out cash-based social protection measures to support food markets; local agricultural production and transportation; and where needed, ensure people have physical access to food, including through blanket feeding.
- Work with country governments to ensure continuity in the whole value chain (handling food supply, transport, storage, distribution) despite restrictions in movements, and support farmers to ensure the continuity of food production.
- Support countries to monitor food prices and markets to help mitigate price rises.

**The
time for
action
is now.**

What the World Needs to See

For the beginning of this new decade, to produce accelerated progress on nutrition, civil society looks to all partners to make commitments that fulfil three criteria as laid out in this section. Ambitious commitments that are measurable and accountable and focus on the following areas would have a transformative impact on efforts to reduce the burden of malnutrition around the world.

Nutrition Specific vs Nutrition Sensitive

Nutrition investments can differ in terms of what they are invested in and, therefore, what impact they are intended to have. Nutrition-specific interventions are those that have a direct impact on the immediate causes of malnutrition, such as inadequate food intake, faulty feeding practices, or repeated illness. This could include investments in food or nutrient supplementation, food fortification, deworming, or the treatment of severe acute malnutrition.

Nutrition-sensitive investments, meanwhile, focus instead on addressing the underlying or indirect determinants of malnutrition. This can include investments within other sectors, such as agriculture, education, social protection, and WASH. It can include influencing the quantity and quality of food; providing access to timely, appropriate, and quality health care; or supporting women to take decisions regarding food purchase, preparation, and consumption and timely and delayed marriage and pregnancy.

CRITERIA

01 New and additional investments in both nutrition-specific and nutrition-sensitive programming.

- **All commitments made in 2013 should be fully disbursed by the end of 2020.**

Recent analysis by ACTION showed that several donors are off track to deliver the commitments they made in 2013 (based on the 2020 GNR, which reports disbursements as of 2017). For example, Ireland’s nutrition-specific spending is off track, requiring a 111 percent increase from average annual disbursements to-date to fulfill the baseline and N4G commitment, and the World Bank must significantly increase its investments going forward especially in critical nutrition-specific interventions.²⁰

- National governments, donors, multilaterals, philanthropic organizations, civil society organizations, businesses of all sizes, and business associations must embrace 2020 as a critical moment for driving progress on malnutrition and global health more broadly. **All stakeholders must make commitments that are in line with the Commitment-Making Guide²¹ and be ambitious, new, and additional with the ability to drive a cohesive and coordinated global movement on nutrition.** These must match the ambition needed to help meet the financing gap, which persists and holds back progress. “Business as usual” is a recipe for failure.

In addition to matching the ambition needed to fill the overall financing gap, new commitments should also consider the \$14.4 billion funding gap over the period 2020 to 2025 needed to scale up nutrition-specific priority interventions.²² Increased commitments in nutrition-sensitive interventions alone will not spearhead the change the world needs.

- While governments in low- and middle-income countries are starting to commit more domestic expenditure to nutrition, most of this is dedicated to nutrition-sensitive investments. Accelerated progress is needed to increase domestic spending – especially in nutrition-specific investments – and to measure it.²³ **Governments of high-burden countries should demonstrate commitment by,**

- **Increasing their nutrition investments using domestic resources,** and;
- **Demonstrating high level political leadership on nutrition** to increase the momentum in addressing the causes and consequences of poor nutrition. This should include the creation of dedicated budget lines and funding streams for nutrition at both national and sub-national level, as necessary, and the appointment of high-level leadership within the Ministry of Health with responsibility for nutrition.

Nutrition and Kenya

Kenya is experiencing the triple burden of malnutrition: underweight, stunting, and wasting; micronutrient deficiency; overweight and obesity. Nationwide, 26 percent of children are suffering from stunting, with rates as high as 46 percent in West Pokot and Kitui counties. It is estimated that, from 2010 to 2030, undernutrition will cost Kenya approximately \$38.3 billion in lost GDP.²⁴

Analysis demonstrates that, in five counties, vast differences appear in the composition of undernutrition, the political leadership and policy frameworks in place to tackle the issue, and funding available for nutrition-specific and nutrition-sensitive programs. However, where there is high-level political ownership and a higher allocation of resources to nutrition, rates of malnutrition appear to be lower.

Civil society have been using multi-pronged approaches in conducting high-level advocacy on these issues. This includes the continuous and consistent engagement of the Kenya Parliamentary Health and Finance Committees, and also includes using the UN Universal Periodic Review process to both increase nutrition investments as well as increase political leadership on the issue at the highest level. Demonstrating the cross-cutting nature of nutrition, they engaged with six ministries throughout the process. As a result, the Ministry of Interior in the Office of the President agreed with the CSOs' recommendation to establish a food and nutrition security coordination agency and positioning the nutrition docket at a higher level. The Cabinet Secretary of Health also endorsed prioritizing the scale-up and diversification of nutrition financing to address the challenges associated with malnutrition.

Kenyans march to raise public awareness about the importance of breastfeeding for fighting malnutrition.

Photo credit: KANCO



CRITERIA

02 Invest new and additional resources in high-impact, evidence-based intervention and the tools that will ensure success & accountability.

A) Nutrition for women and adolescent girls

Malnutrition is sexist. Women and girls, particularly adolescents, bear the heaviest burden of under-nutrition.²⁵ While women largely plant the food, work the fields, harvest the crops, and cook the meals, they often eat last and eat least despite the fact that women and girls have specific nutritional needs that mean they should eat equally nutritious food.

More than 1 billion women and girls globally suffer from malnutrition.²⁶ Malnutrition is one of the most pervasive barriers to women and girl’s empowerment. There are many factors that make women and girls

more susceptible to malnutrition – from physiological factors to gender inequality, cultural practices, education, finance, and access to food.²⁷

While the WHA 2025 target calls for a 50 percent reduction in anemia in women of reproductive age, current rates indicate an increase rather than any reduction.²⁸ Anemia, largely caused by iron deficiency, causes complications in pregnancy for the mother and baby should a woman become pregnant, increasing the risk of maternal death and the chance of low birthweight. This sets off an intergenerational cycle of undernutrition. Yet, prevalence of anemia in women of reproductive age has been increasing year on year since 2010.²⁹

Best buys: The barriers that women and girls face are multi-faceted and intertwined; therefore, responses that improve women and girls’ nutrition must be both focused and integrated into all efforts that seek to empower women and girls.

Specific interventions include investments in evidence-based micronutrient supplementation and fortification to address anemia and other micronutrient deficiencies among women of reproductive age (including adolescent girls). This can include investments in the fortification of staple foods with essential vitamins and minerals, including iron and folic acid. Alternatively, interventions can

improve adolescent girls’ nutrition through weekly folic acid supplementation, nutrition counselling, and education programs.³⁰

However, poor nutrition in women and girls results from multiple interacting factors related to the empowerment of women at the household level. It is essential that programs, such as social protection, health, and women’s empowerment,

consider and integrate nutrition factors so that no opportunity is missed. Knowledge and behavior change must be included in nutrition programming — for men and boys as well — to break the chains of harmful cultural practices. Nutrition is a foundation stone, and failing to improve the nutritional status of women and adolescent girls will compromise other efforts in improving maternal and newborn health.

B) Tackling stunting

There has been some progress in reducing childhood stunting, yet one in five children globally are stunted (150 million).³¹ More than 50 percent of stunted children live in Asia,³² and the number of stunted children is increasing across the African continent.³³

Stunting is one of the most significant impediments to human development. It is defined as being too short for one's age or a height that is more than two standard deviations below the WHO Child Growth Standards median.³⁴ It is a largely irreversible outcome of inadequate nutrition and repeated bouts of infection during the first 1000 days of a child's life (from conception to a child's second birthday).

Stunting has long-term effects on individuals and societies, including diminished cognitive and physical development, reduced productive capacity and poor health, and an increased risk of degenerative diseases such as diabetes.³⁵

According to World Bank estimates, a 1 percent loss in adult height due to childhood stunting is associated with a 1.4 percent loss in economic productivity,³⁶ and estimates show that children who suffer stunting earn 20 percent less as adults compared to those who did not.³⁷ Tackling stunting is, therefore, essential to unlocking the potential of the world's children and achieve the SDGs, yet progress in reducing stunting rates remains slow. Therefore, we must scale up efforts of these "best buys."

Best buys: Investments that tackle stunting focus on the critical 1000-day window and cover multiple areas of action. This can include the following three sets of programs.

Firstly, exclusive breastfeeding of newborns for 6 months and continued until month 11 is the single most effective method to reduce child mortality in countries with high burdens of malnutrition.³⁸ Early initiation and exclusive breastfeeding for six months provides protection against infections that can lead to severe nutrient depletion and, therefore, stunting. Breast milk is also a key source of nutrients during infection, reducing childhood illness that can contribute to poorer

nutritional uptake. Studies have associated non-exclusive breastfeeding with poorer growth outcomes because less nutritious foods displace, or replace, breast milk, often exposing infants to diarrheal infections.³⁹

Secondly, ensuring a good quality diet during a child's complementary feeding period is key to avoiding stunting. Evidence suggests that greater dietary diversity and the consumption of foods from animal sources are associated with improved

childhood growth.⁴⁰

Thirdly, because stunting results from multiple household, environmental, socioeconomic, and cultural factors, it requires co-implementation of nutrition-specific interventions with nutrition-sensitive interventions. For example, preventing infections through regular handwashing requires a supply of clean water as well as behavior change to adopt the practice and having soap be readily affordable.

As we make clear below, we must take every opportunity to integrate nutrition into all development programs to ensure maximum impact.

C) Addressing wasting

Wasting rates among children under 5 years of age nearly stagnated for years at around 7.3 percent.⁴¹ At current trends, wasting will require a near 40 percent reduction in order to achieve the target of 5 percent by 2025 worldwide. Further investment and action are essential.

Wasting occurs when children lose weight rapidly, usually as a direct result of a combination of infection and diets that do not cover nutritional needs. The main underlying causes are poor access to health care and sanitation, inadequate child feeding practices (such as exclusive breastfeeding), and poor food security. Fragile contexts represent some of the highest

rates of hunger and malnutrition globally. In South Sudan, every fourth child exhibits wasting. Rampant malnutrition and hunger in these areas threatens survival and health and perpetuates intergenerational vulnerability and impoverishment.⁴²

Children suffering severe wasting are 11 times more likely to die than healthy children.⁴³ They are highly susceptible to infections, take longer to recover, and are more likely to relapse. Yet, fewer than 20 percent of children with wasting can access the treatment they need.⁴⁴ Continued improvement in rates of child survival relies on improving the proportion of children receiving timely and appropriate life-saving treatment for wasting, alongside reductions in wasting in the first place.⁴⁵

Best buys: Treatment for severe acute malnutrition is cost effective, with *the Lancet* recognizing treatment of severe acute malnutrition as the most cost-effective of the various direct nutrition interventions.⁴⁶

Investments must scale up the coverage of wasting treatment and ready-to-use therapeutic food (RUTF). Strong health systems require the availability and affordability of these and other nutrition services, yet progress on integrating these efforts into essential health packages has been

challenging. Finding, treating, and preventing wasting must be seen as a central part of any UHC policy.

Wasting and stunting share similar roots, and actions that seek to tackle these causes will positively impact both conditions. Thus, investments that promote and support exclusive

breastfeeding and appropriate complementary feeding practices will help to reduce wasting rates.

Beyond nutrition-specific interventions, cash vouchers or transfers can also help households to provide a sufficient and nutritionally balanced diet.⁴⁷

D) Ensuring no missed opportunities to integrate nutrition in other areas

Nutrition is a foundational investment. As well as investments in nutrition creating multiplier effects for other areas, investments in other areas can have multiplier effects for nutrition. This makes investment in nutrition one of the best investments available for achieving all development outcomes. Nutrition-specific interventions alone will not bring about the changes we need to see. To achieve the

ambition of the SDGs, we must urgently ensure that there are no missed opportunities to tackle malnutrition.

Improving the nutrition sensitivity of development investments across a range of sectors, together with ensuring an increasing number of high-impact, nutrition-specific programs can deliver exponential benefits in improving nutrition outcomes. The following areas are examples where better integrating nutrition could deliver more impact.



Health systems

Health and nutrition exist in a cycle. Poor nutritional status increases the chance of a person experiencing poor health outcomes. Experiencing repeated infections can reduce the uptake of nutrients, leading to poorer nutritional status and increasing the chance of falling ill. Counter to this, better nutrition builds a strong immune system, which keeps people healthy and reduces the burden on the health care system.

Achieving UHC is vital to ending malnutrition, but likewise, UHC cannot be achieved unless it includes interventions that address malnutrition. Yet, treatment and prevention of malnutrition is still not prioritized as imperative to a good health system. Rather than being separate programs and investments, achieving results requires a health system that can deliver well-coordinated health and nutrition outcomes for all. National UHC plans must effectively integrate and finance malnutrition treatment, as well as community education, to improve nutritional status and prevent stunting and leave no one behind.



Climate resilience, nutritious food systems and sustainable income

Current food systems do not deliver healthy and sustainable diets. Yet, climate change is already adversely impacting on the quantity and quality of food available, and the growing climate emergency will continue to make this worse. As climate insecurity worsens and extreme weather events get more common, providing a secure supply of nutritious foods will become ever more challenging.

Women represent 43 percent of the agricultural workforce globally. Yet they receive only a fraction of the land, credit, inputs (such as improved seeds and fertilizers), agricultural training, and information compared to men. Women also tend to be employed for labor-intensive tasks, generally earn lower wages than men, and are more likely to be paid at piece rate.⁴⁸

Empowering and investing in rural women has been shown to significantly increase productivity, reduce hunger and malnutrition, and improve rural livelihoods. And not only for women, but for everyone. An increase to a women's income of \$10 achieves the same improvements in children's nutrition and health as increase to a man's income of \$110⁴⁹ as women tend to invest more of their income in providing the right food in the right quantities for their children. Thus, addressing gender disparities in rural economic opportunities and incomes is key to tackling both wasting and stunting.

Good nutrition also builds individuals' and communities' ability to cope with the challenges of the changing climate by reducing their vulnerability. Given this interdependence, we need a climate-smart and nutrition-sensitive food system that protects women's incomes and ensures that climate mitigation and adaptation strategies take nutrition into account.

Good nutrition can also drive greater environmental sustainability. Food production uses 70 percent of the world's freshwater supply and 38 percent of the world's land. Current agriculture practices produce 20 percent of all greenhouse gas emissions, and livestock uses 70 percent of agricultural land. Eating better is necessary to ensure that food production systems are more sustainable.⁵⁰ Instead of a narrow focus on ensuring crop resilience to climate change (regardless of the nutritional value of those crops), it is essential to ensure nutrition sensitivity of all food system climate adaptation programs. This could include prioritizing crop varieties that are both adapted for climate changes and address local nutrition needs. Without this, new crop varieties will not solve problems but continue to mask them, increasing undernutrition in communities and reducing the resilience of individuals to deal with the climate emergency.⁵¹



Educational attainment

Without good nutrition, children cannot meet their education potential. At the same time, without educated parents, children are far more likely to suffer malnutrition, creating a negative intergenerational cycle of undernutrition and poverty.

Nutrition and education are essential partners in successful early childhood development.

Schemes such as cash transfers and nutrition-sensitive education programs are a holistic, low-cost, and sustainable way to address malnutrition and meet global targets on education, economic development, and gender. School feeding programs also help children learn by ensuring they receive at least one nutritious meal a day.



Water and Sanitation

There is growing evidence that clean water and proper sanitation facilities are essential for tackling malnutrition; estimates suggest that unimproved sanitation is the second leading cause of stunting worldwide.⁵² Failing to invest in water and sanitation will therefore restrain all efforts to improve nutrition.

WHO estimates that 50 percent of undernutrition is associated with infections caused by unsafe water and sanitation.⁵³ Diarrheal diseases, intestinal worms, and other conditions lead to poor absorption of nutrients, so even when people have access to the right types of food in the right quantity, they are unable to absorb the nutrients they need.

Efforts to include nutrition indicators in WASH programs will help to ensure that all WASH investments are focused on the twin benefits of these investments. Similarly, nutrition-specific investments can include information on the importance of WASH. For example, a comprehensive nutrition-sensitive hygiene behavior change promotion package can target key related behaviors, including exclusive breastfeeding, food hygiene, handwashing with soap at critical times, milk and household water treatment and storage, and safe disposal of child feces.⁵⁴



Global health emergencies and pandemics⁵⁵

Global health emergencies and pandemics threaten the health, food, and social protection systems of the most impoverished parts of the world. They put children and families at even more risk of falling into an intergenerational cycle of malnutrition, ill health, and poverty.

Undernutrition compromises immune systems, making bodies vulnerable to virus attacks, reducing the effectiveness of vaccines, and impeding recovery. There is reason to fear that this interaction between health conditions will come into play with COVID-19. Additionally, people living with pre-existing illnesses, such as HIV and tuberculosis, or with non-communicable diseases (NCDs), such as obesity, heart disease, and type 2 diabetes, appear to be more at risk of developing severe COVID-19 symptoms and have a higher mortality rate than other populations.

Nutrition is crucial to an effective government response to health emergencies and pandemics such as the COVID-19 pandemic; therefore, governments must safeguard multi-sectoral nutrition and food security programs. Essential preventative and curative nutrition interventions must continue because even short-term disruptions could have irreversible effects on child survival, health, and development. Programs should be adapted to ensure safe and sustainable delivery. Not only do we want to prevent a protracted nutrition crisis, but nutrition itself will play a role in recovery to help increase immunity and resiliency. Efforts to preserve and promote proper nutrition, including breastfeeding, must be part of prevention strategies to build the resilience of individuals and communities.

E) Ensuring accountability for impact

We must scale up investments in evidence-based, high-impact interventions to meet the ambition of the SDGs. However, without accompanying investments in data systems to measure progress and in civil society to hold leaders accountable, we will fail. Data is an essential prerequisite for ensuring all investments have maximum impact. It is not a “nice to have” investment; it is an essential building block for all programs. Without data, we cannot ensure accountability. We cannot ensure that every dollar has the most impact in improving nutritional outcomes. Additionally, if we are not able to measure the nutritional challenges of the most vulnerable and excluded groups in society, then programs will fail to value them and fail to reach them.

While much data exists, vast gaps in the available data make it difficult to understand the nature and extent of malnutrition in all its forms. Many countries do not collect data on the nature of the burden of malnutrition, diet, or indicators of progress. To better target programming and interventions, we need more comprehensive subnational data to better understand where burdens are located and what the direct and underlying causes of malnutrition are in these localized areas.⁵⁶ Investments to build data systems to provide accurate and timely data to both drive programs and demonstrate progress are, therefore, critical to success.

Data is only part of the story to ensuring accountability for impact. Civil society plays an essential role

in holding all stakeholders, including each other, accountable. Yet, civil society is often underfunded and under regarded.

In many contexts, civic space is shrinking, reducing the opportunities for civil society organizations (CSOs) to play a watchdog role in ensuring that funds committed to nutrition are allocated and spent on high-impact programs. In these contexts, the ability of civil society to work in partnership with other stakeholders, including government, to support and deliver high-impact nutrition programs is increasingly restricted.

However, CSOs are often the only ones able to reach vulnerable and hard-to-reach groups. Without partnerships with civil society, efforts to accelerate improvements in nutrition outcomes, especially for those most left behind, will continue to stagnate, and we will fail to accelerate impact.

Civil society is often under-funded, especially for accountability and advocacy activities. This restricts their ability to hold stakeholders to account; it restricts their ability to train and retain high quality staff who can ensure they can generate the evidence to drive improvements in investments; and it restricts their ability to coordinate their activities nationally, regionally, and globally. Yet, as with having more comprehensive data, this role is critical to ensuring accountability for impact. All stakeholders must value, and funders must resource, civil society for the full range of activities they support, which are critical to accelerating progress on nutrition.



While much data exists, vast gaps in the available data make it difficult to understand the nature and extent of malnutrition in all its forms

The
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CRITERIA

03 **All commitments must be made together with a clear accountability mechanism to allow for better tracking and monitoring of nutrition investments.**

Meeting global nutrition targets requires an independent, coherent, streamlined, unified, well-financed, and cost-effective accountability framework to hold all stakeholders accountable, including governments, businesses, CSOs, and philanthropic organizations. The N4G process has attempted to improve accountability mechanisms for nutrition.

Partners in the N4G process have identified that a previous proliferation of reporting frameworks for nutrition led to the poor reporting by donors on their nutrition investments. Moving forward, all commitments must include an accountability mechanism in line with the Commitment-Making Guide.⁵⁷ Any financial commitment must clearly show how it will be measured.

We should not look to create new accountability mechanism but, instead, focus on the coordination of existing mechanisms. We should ensure that there is a single-entry point for reporting data; however, it is critical to be aware that this entry point may differ for different constituencies. One accountability mech-

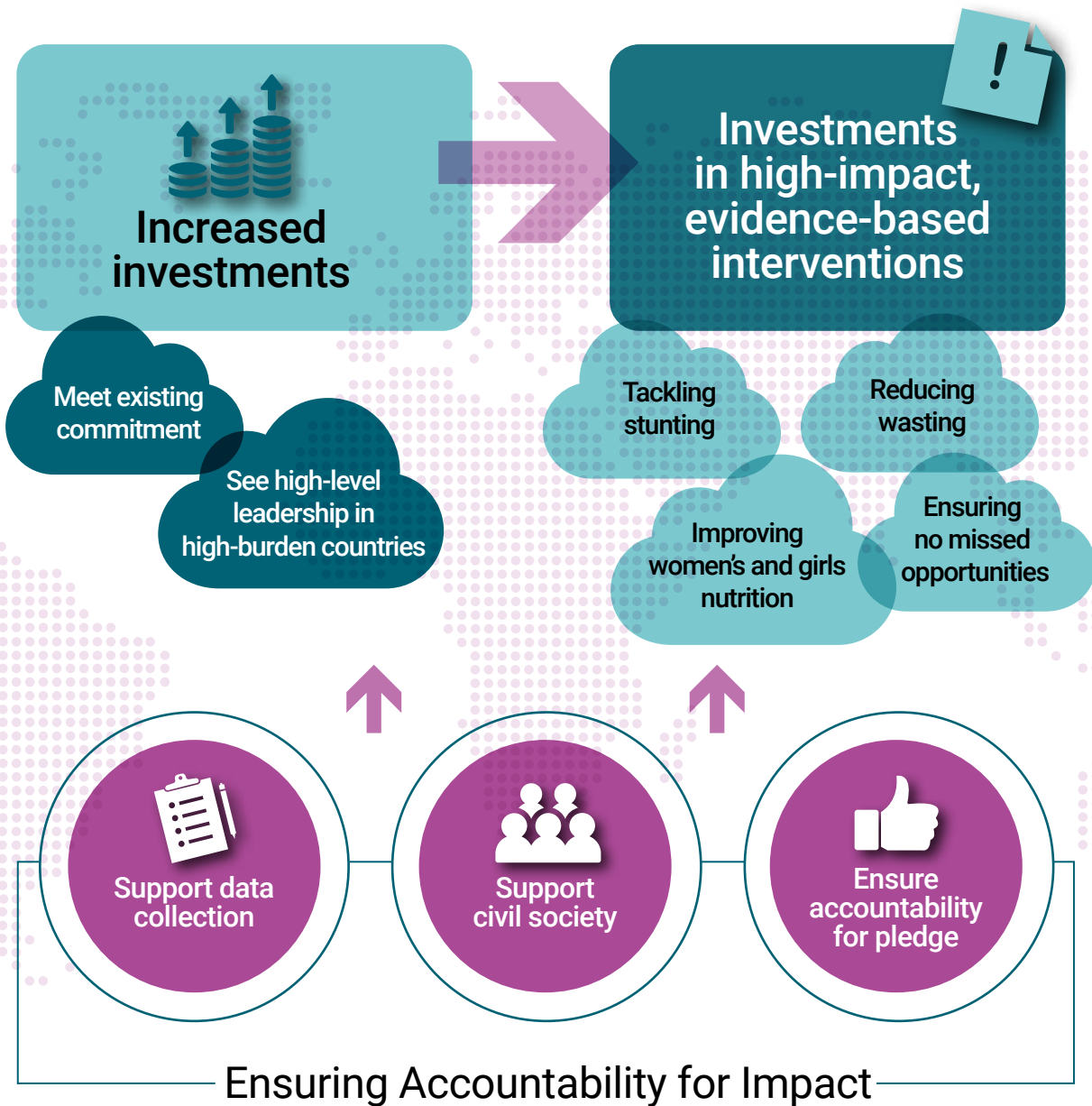
anism will not ensure the nuances of commitments by different constituency. For example, a commitment from a donor country will be different to a commitment from a private sector stakeholder, and they should be measured differently to capture the nuances of each. However, despite the differences, all accountability mechanisms must be aligned for a coherent and streamlined process. We must set up a harmonized system to enable better analysis and coordination, which will allow us to build a comprehensive picture of the impact of all investments in nutrition.

The GNR is currently the key accountability mechanism for N4G commitment tracking, making it the natural selection for coordinating the overall nutrition accountability framework. The role of the GNR should be strengthened, so it can work with other existing accountability mechanisms, and an independent, coherent, streamlined, unified, and cost-effective “Nutrition Accountability Framework” must be appropriately funded and prioritized by key actors engaging in the N4G process.



We should not look to create new accountability mechanism but, instead, focus on the coordination of existing mechanisms.

Theory of change



Conclusion

The world cannot wait for action on nutrition. We have a critical window of opportunity to deliver on past commitments and to renew global commitment to scaling up action on tackling undernutrition.

To change direction and meet the WHA nutrition targets and the SDGs, scaled up commitments and action on nutrition cannot wait. As a foundational investment of development, nutrition will fuel progress on a range of outcomes, including improving gender equality, reducing economic inequality, ensuring adaptation to the climate emergency, achieving UHC, and driving economic growth. Failing to act now will put the brakes on all development investments. The world cannot miss this chance.

We know what works. Investing in high-impact, evidence-based interventions will have an impact. Civil society stands ready to support interventions and ensure implementation. Together, we can transform the future of children and women around the world – as long as we take action now.



We have a critical window of opportunity to deliver on past commitments and to renew global commitment to scaling up action on tackling undernutrition.



**The
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ACTION GLOBAL HEALTH ADVOCACY PARTNERSHIP

ACTION is a partnership of 14 locally rooted organizations around the world that advocate together to build political will and increase investments for global health. Our partners: *Æquitas* (India), *CITAMplus* (Zambia), *Focus Equality* (Italy), *Global Health Advocates France* (France and the EU), *Global Health Advocates India*, *HDT* (Tanzania), *KANCO* (Kenya), *Princess of Africa Foundation* (South Africa), *RESULTS International Australia*, *Results Canada*, *Results Educational Fund* (U.S.), *RESULTS Japan*, *RESULTS UK*, and *WACI Health* (Ethiopia, Kenya, and South Africa).

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1101 15th Street NW, Suite 1200, Washington, DC USA 20005
+1 202 783 4800 info@action.org

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