

Inter Agency Technical meeting hosted by ENN

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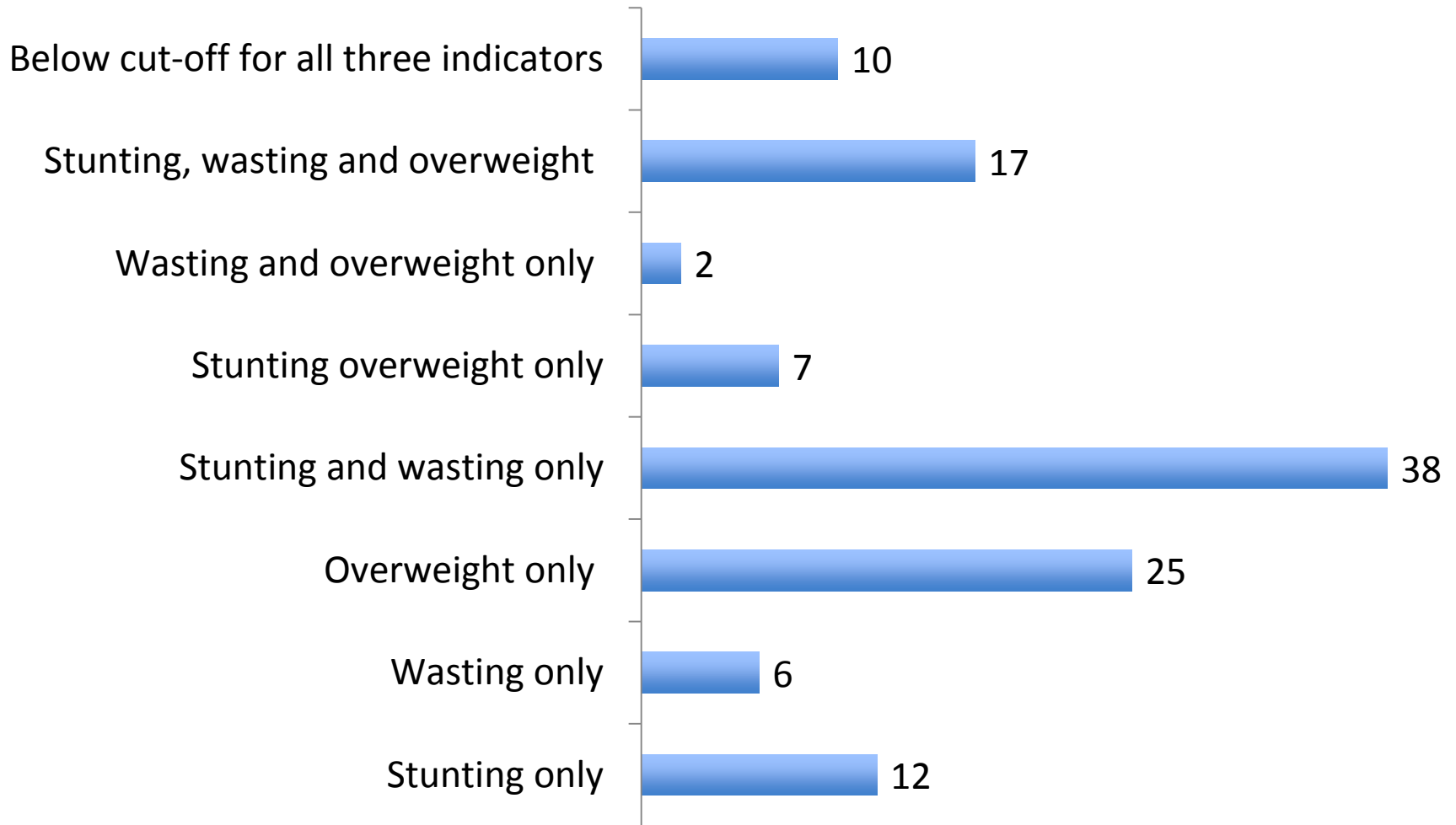
Outline

- Nutrition status—distribution and trends
- Reasons to be cheerful
- Worries
- Thoughts on ways to bridge chronic-acute divide
- Reflections on SUN and acute malnutrition

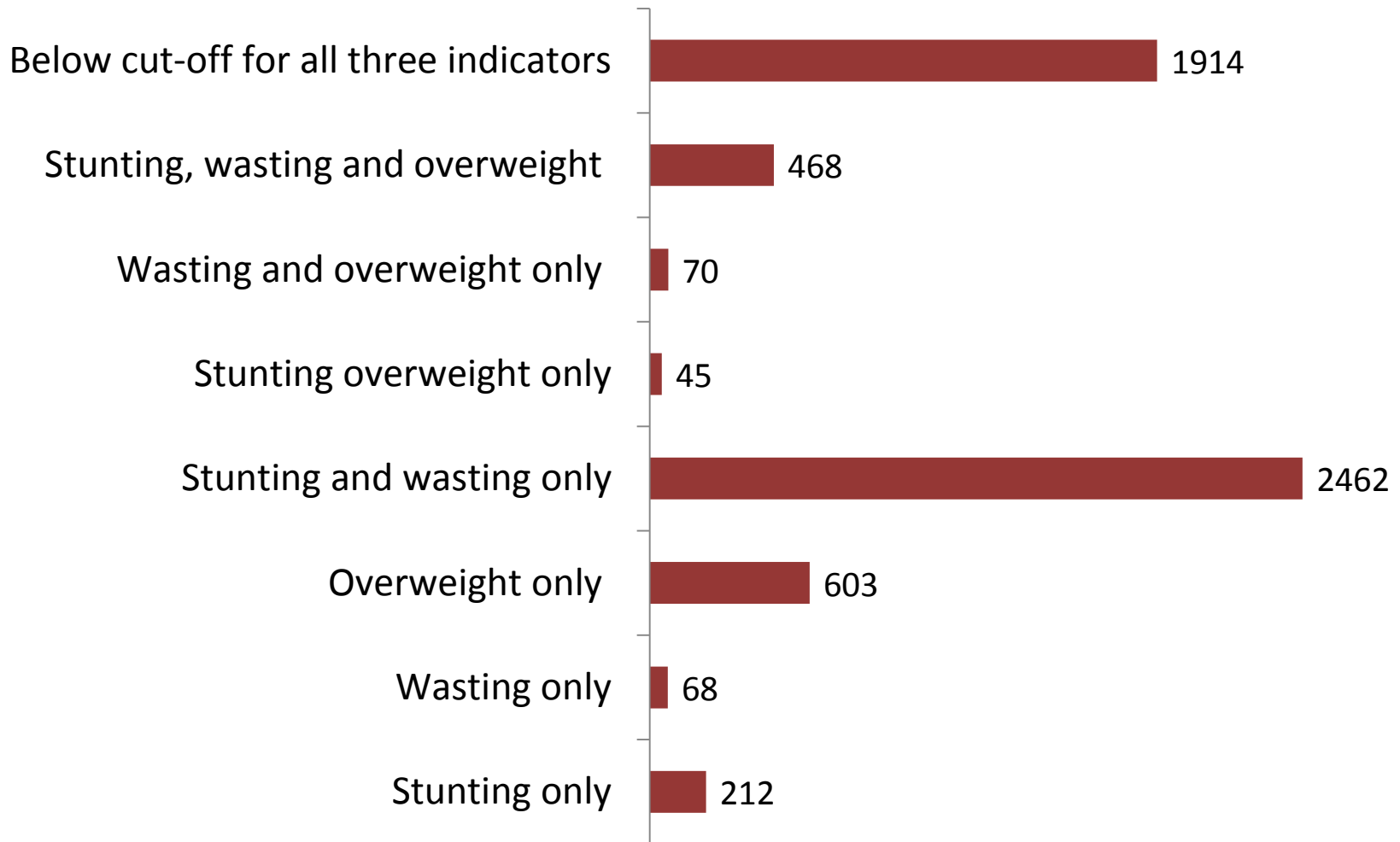
Nutrition Trends - Headlines

- Globally, off track on all 6 WHA indicators
- Majority of countries making good progress on at least one WHA indicator, very few making progress on >2 indicators
- Anemia – worst progress although data very poor
- Wasting—little progress; globally stuck at 8%
- Multiple burdens are the new normal

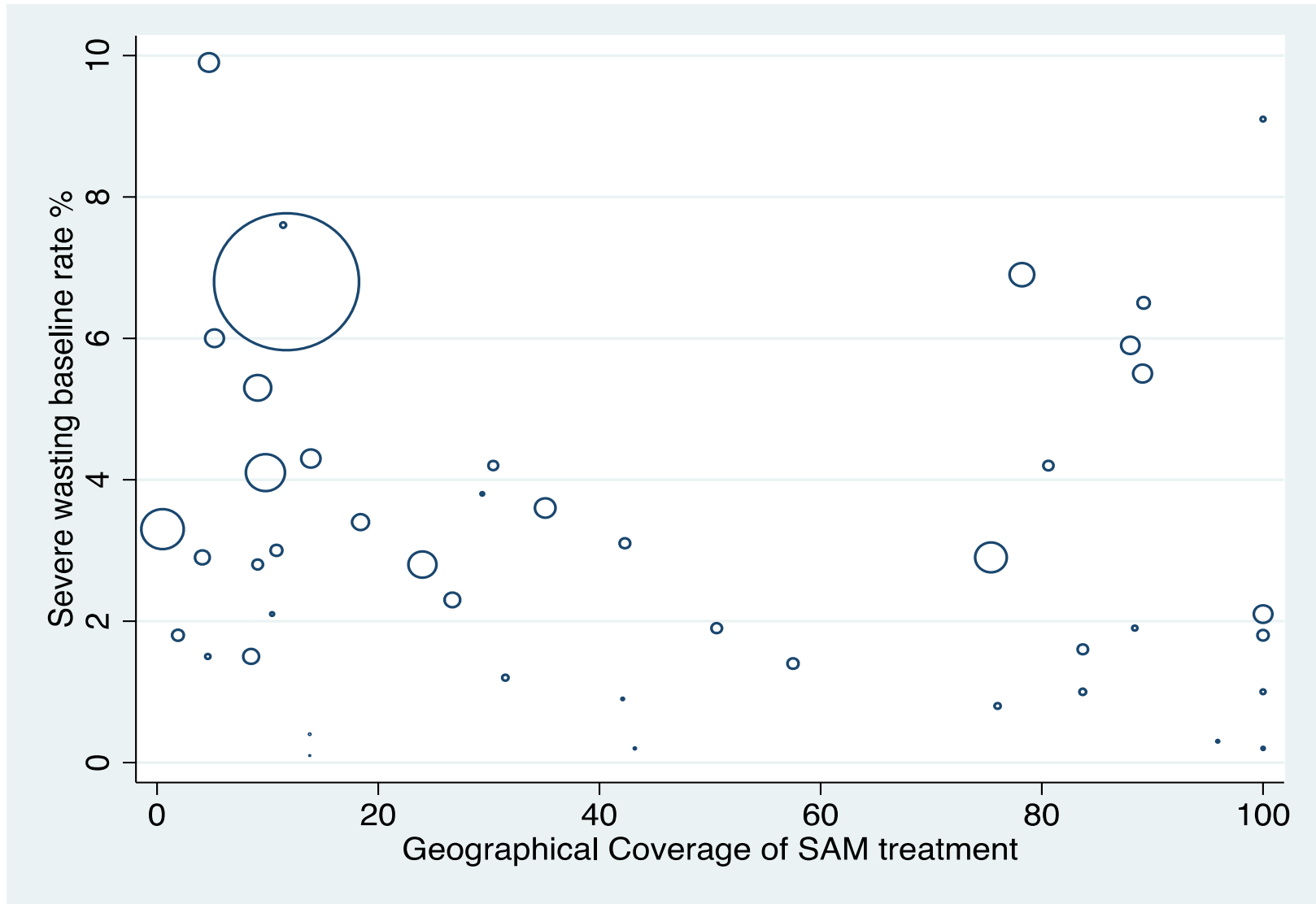
Number of countries by the types of under 5 nutrition problems they have



Total population of countries by the types of under 5 nutrition problems they have



Geographic coverage of SAM by under-5 severe wasting rates



Note: Circles are proportionate to the number of severely wasted children.

Sources: - United Nations Children's Fund, World Health Organization, The World Bank. UNICEF-WHO-The World Bank: 2013 Joint child malnutrition estimates - Levels and trends. UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2014. Data from 2005-2013.

- UNICEF/Coverage Monitoring Network/ACF International 2012. The State of Global SAM Management Coverage 2012 (New York & London, August 2012)

P1 = earlier estimate
P2 = later estimate

Wasting Rate in P1 >= 5%

Wasting Rate in P1 < 5%

Wasting rate increasing (P2 - P1 > 0)

Albania, Botswana, Burkina Faso, Cambodia, Egypt, Eritrea, Gambia, Guinea, India, Indonesia, Iraq, Madagascar, Mali, Niger, Nigeria, Philippines, Sao Tome And Principe, Senegal, Sri Lanka, Sudan, Syria

Azerbaijan, Belize, Bhutan, Cabo Verde, Czech Republic, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Guinea-Bissau, Jamaica, Jordan, Kuwait, Kyrgyzstan, Lebanon, Libya, Malawi, Mozambique, Nicaragua, Papua New Guinea, Paraguay, Peru, Saudi Arabia, Suriname, Swaziland, Tajikistan, Thailand, Trinidad And Tobago, United Republic Of Tanzania, Zimbabwe

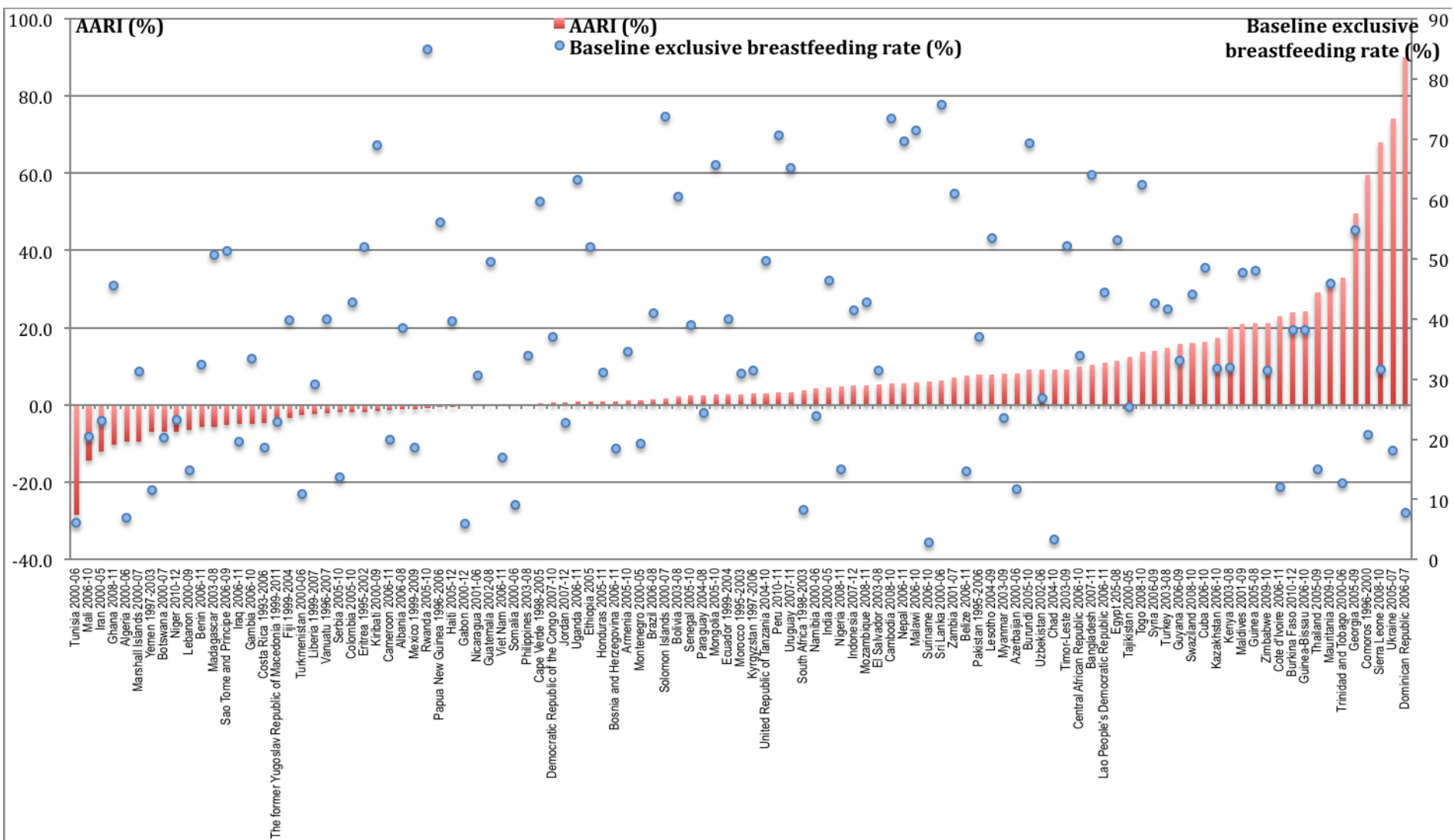
Wasting rate decreasing (P2 - P1 <= 0)

Afghanistan, Algeria, Angola, Armenia, Bahrain, Bangladesh, Benin, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Cote D'Ivoire, Democratic People's Rep. Of Korea, Democratic Rep. Of The Congo, Djibouti, Ethiopia, Fiji, Ghana, Guyana, Haiti, Kenya, Lao People's Democratic Rep., Lesotho, Liberia, Maldives, Mauritania, Mauritius, Morocco, Myanmar, Namibia, Nepal, Oman, Pakistan, Sierra Leone, Solomon Islands, Somalia, South Africa, South Sudan, Timor-Leste, Togo, Uganda, Ukraine, Uzbekistan, Vanuatu, Viet Nam, Yemen, Zambia

Argentina, Bolivia, Bosnia And Herzegovina, Brazil, Chile, China, Colombia, Costa Rica, Gabon, Georgia, Guatemala, Honduras, Iran, Kazakhstan, Mexico, Mongolia, Montenegro, Panama, Romania, Rwanda, Serbia, The Former Yugoslav Republic Of Macedonia, Tunisia, Turkey, USA, Uruguay, Venezuela

Last two under 5 wasting rate surveys

Trends in exclusive breastfeeding



Encouragement

- Bangladesh
 - Stunting decline, 59% in 1997 → 40% in 2011
- Maharashtra
 - Stunting decline, 2006-2012: AARR 6.7%
- Ethiopia
 - Stunting decline, 57% in 2000 → 44% in 2011
- New India data? GoI-UNICEF RSOC
 - Wasting decline, 20% → 15%

What has changed for the better?

- SDGs offer an opportunity
 - but we have been slow on uptake
- New India results are critical
 - If they hold up
- More external funding--between 2010-12
 - nutrition specific disbursements up by 30%
 - nutrition sensitive disbursements up by 19%
 - But..
 - nutrition sensitive still only 2 x nutrition specific
 - total external just over 1% of ODA
 - we could not track country level resource funding

Worries

- Fault lines just about being managed, but still lots of tensions
 - Nutrition specific vs nutrition sensitive
 - Acute vs Chronic
 - Under vs Over
- Scaling up of nutrition specific not happening fast enough
- Scaling up of nutrition sensitive not happening fast enough
- Not enough analyses of wasting and severe wasting

Resist conflating specific with health and sensitive with non-health

Nutrition specific		Nutrition sensitive	
In health	Outside health	In health	Outside health
BF – exclusive, early initiation etc. Micronutrient supplementation etc.	Supplementary feeding during pregnancy Complementary feeding 6-23 months Feeding of children with MAM	Health and WASH	Agriculture, Social Protection, Education, Women’s empowerment etc.

And don’t forget about good old underlying drivers—they may be insensitive but they reduce undernutrition!

(Smith – Haddad IDS WP 441)

Don't get locked in to a type of multi-sectorality

- Everyone just doing their job
 - no weak links, e.g. Maharashtra
- Think intersectorally, work sectorally
 - e.g. co-location
- Embedded
 - nutrition specific within underlying, e.g. Bangladesh
- Hybrid
 - HKI home gardens in Burkina Faso

How to bridge emergency–development divide in nutrition?

- Not easy
 - Funding, architecture, vested interests, communities
 - Resilience focus a new opportunity?
- Analytical connections are there
 - Much of the work on the consequences of stunting is derived from shocks literature
- Leadership from both sides
 - More joint meetings
 - Bridging communities like the “Households in Conflict Network” of researchers
 - More analysis
 - Lancet special series
 - Why the obsession with stunting?
 - More funding across development and humanitarian wings
 - Role of private sector

SUN and acute nutrition

- Analysis (unpublished but in review) of correlates of why some countries join SUN and others do not
 - Better governance → join SUN
- Can SUN play a role in bridging chronic and acute?
 - Recent SUN report on “Planning and costing for the acceleration of actions for nutrition”
 - Notes that many governments under-budget in the CMAM/SAM area as they assume external funding will pick it up
 - SUN Business network? RUTF.

Conclusions

- Nutrition landscape changing
 - all countries, multiple burdens
- Nutrition remains central to the sustainable development story
 - Health, education, poverty, jobs
 - High economic returns (16:1)
 - Promotes intergenerational justice
- Basis for optimism
 - Funding, energy, commitment, some progress
- Need more country stories of change
 - If credible, can inspire, guide all stakeholders
- Need to remember that improving nutrition requires social change
 - governments cannot do it on their own—civil society guiding, cajoling, nagging, pushing, holding all stakeholders to account every step of the way