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NUTRITION AND THE POST-2015 DEVELOPMENT AGENDA SEIZING THE OPPORTUNITY

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About *SCN News*

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CHAIR'S ROUND-UP



Ramiro Lopes da Silva

UNSCN Chair

Assistant Executive Director of the World Food Programme

Dear *SCN News* reader,

Today, on the cusp of three monumental events that will mark 2015 – the Financing for Development Conference (13 – 16 July), the United Nations Summit for the Adoption of the Post-2015 Development Agenda (25 – 27 September) and the 21st Session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP21/CMP11) (30 November – 11 December) – it is critical that we consider the remotest communities. For instance, in northern parts of the Lao People's Democratic Republic, in provinces like Phongsaly and Luang Namtha, families and women in particular face a host of health and development challenges, including poverty and food insecurity, and vulnerability to climate-related disasters that, in the end, contribute to stunting rates that can surpass 60%.

While the organization that I serve as Assistant Executive Director, the World Food Programme (WFP), works in these contexts to provide nutrition support to pregnant mothers and young children during the first critical 1000 days and link them to maternal, newborn and child health (MNCH) services, the fact is that we cannot eliminate stunting alone, nor can anyone else.

We know this because we have recognized the importance of nutrition-sensitive interventions and multisectoral action. The 2013 Lancet Series on Maternal and Child Nutrition showed us that even if we can scale up key nutrition-specific interventions like iron and folic acid or multimicro-nutrient supplements, exclusive breastfeeding and vitamin A supplementation to 90% coverage, we would only reduce stunting by 20%. This means that to achieve the Zero Hunger Challenge (ZHC), including zero stunted children under the age of 2, nutrition-sensitive interventions in agriculture, health, social protection, early child development, education, and water and sanitation will also be required. These should be supported by strong political and systemic processes that build and enable sustained momentum for nutrition.

With this *SCN News* edition featuring *Nutrition in the Post-2015 Development Agenda: Seizing the Opportunity*, we hope to enable some of the global momentum that will be needed to ensure nutrition is well-positioned in this year's momentous Member State negotiations of the Sustainable Development Goals (SDGs). Nutrition must be at the centre, not only because of the multisectoral, multistakeholder effort described above, but also because good nutrition will influence so many other outcomes and sectors, by supporting better human health and development.

The contents within this edition are meant to empower our readers with evidence and information, and support messages to advocate for nutrition leading up to and during these negotiations. You will find a diversity of perspec-

tives represented, including from recognized academics, representatives of countries, civil society and private sector, grassroots workers and many others.

If we are to eliminate stunting in a place like northern Lao People's Democratic Republic, and in so many other communities living under comparable circumstances in Africa, Asia and Latin America, it will only be as a team. This is what has been envisioned by the Scaling Up Nutrition (SUN) Movement, which includes networks of donors, civil society, the private sector and the United Nations (UN), all working to support countries that lead the process. This will be an important year for the SUN Movement as it engages in an intensive consultation to develop a new strategy and road map. Much remains to be done and, while we must continue to make our voice heard at the global level, particularly in a year like this, we must turn our attention to the effective operationalization of nutrition scale-up in countries.

Within the UN, we are looking at how to respond more effectively, efficiently and collaboratively to the needs of countries both as part of the SUN Movement, as well as of the broader post-2015 development agenda. There are many good examples of UN collaboration at country level that we can learn from. For instance, WFP and the United Nations Children's Fund (UNICEF) are implementing joint strategies for scale-up of nutrition actions in some of the most difficult places. These include South Sudan, where the two agencies, along with civil society partners, are delivering packages of interventions that address nutrition needs, as well as underlying drivers such as food security, access to health, and water and sanitation. Similar joint work by these two agencies in the Sahel and the Horn of Africa has proven to be effective. The five UN agencies,

namely the Food and Agriculture Organization of the United Nations (FAO), UNICEF, the World Health Organization (WHO), WFP and the International Fund for Agricultural Development (IFAD) have agreed to broaden the UN Network for SUN to include all UN agencies engaged in nutrition, and have renewed their commitment to strengthen the Network to ensure we harmonize actions and complement our strengths in support of national efforts. The UN Network for SUN is hosted by WFP in Rome, and recently the REACH Secretariat has taken on the role as Secretariat to the Network, and will work closely with UN networks in all SUN countries to support national efforts to scale up nutrition.

My tenure as Chair of the UNSCN started on 1 October 2011 and will be concluding in December 2015, which coincides with the end of the hosting arrangement of the UNSCN Secretariat by WHO in Geneva. WHO has hosted the UNSCN Secretariat since 1988, and I want to use this opportunity to recognize and thank them for their long-term and substantial support. I especially want to acknowledge Dr Francesco Branca, WHO Director of Nutrition for Health and Development (NHD) and UNSCN Executive Secretary a.i., for his tireless efforts to lead the UNSCN Secretariat team, since February 2012 until now. His task has been a challenging one, steering and balancing between agency mandates and priorities, finding common ground and creating space to accommodate differences. I welcome FAO's offer to host the UNSCN Secretariat in Rome as of January 2016.

I hope you will find this publication useful.

Ramiro Lopes da Silva

UNSCN Chair

Ramiro Lopes da Silva, a Portuguese national, is the Assistant Executive Director of the World Food Programme (WFP) and became the 11th UNSCN Chair on 1 October 2011. Mr Lopes da Silva began his career with WFP in 1985 as a Food Aid Logistics Coordinator during the Great Horn of Africa and Sahel drought emergency. He has since held senior management roles in operations in many countries, including Afghanistan, Angola, Ethiopia, Iraq, Pakistan and Sudan. He has held other senior positions in WFP including Director of Transport and Logistics, Special Envoy of the WFP Executive Director for the Afghanistan Crisis, Director of Emergencies and Deputy Chief Operating Officer. In addition to his WFP responsibilities, Mr Lopes da Silva served as the UN Assistant Secretary General and Humanitarian Coordinator for Iraq from 2002 to 2004 and also as Senior Advisor to the United Nations Under-Secretary-General for Humanitarian Affairs in 2004.

EDITORIAL



Asma Lateef

Guest editor, SCN News 41

Director, Bread for the World Institute

The year 2015 is critical for global development. The international community is working towards the culmination of the Millennium Development Goals (MDGs) and is in the midst of negotiating the post-2015 development agenda. The process of developing the next set of Sustainable Development Goals (SDGs) has covered many years and many stakeholders. What is agreed in September 2015 by world leaders will shape development priorities and allocation of resources over the next 15 years. Not only will the SDGs need to finish the “unfinished” agenda of the MDGs, but they have the potential to be truly transformative.

The backdrop of this global negotiation is a harsh and de-meaning reality for 805 million men, women and children who live with hunger day in and day out. In 2015, about 3.1 million children will die as a result of undernutrition.

One in four children who survive malnutrition in early childhood are stunted; today, 161 million futures are permanently compromised. Globally, there are 51 million children who suffer from wasting. All these children will suffer poor health, learn more slowly at school and earn less as adults. Their lives and abilities are inextricably connected to progress towards goals to end extreme poverty and preventable child deaths. Worldwide, obesity has nearly doubled since 1980. Two billion people are overweight and obese, and at least 2.8 million people die every year from these conditions. The number of overweight children under 5 has doubled since 1990, reaching 43 million in 2013. Rates of childhood overweight are expected to nearly double again by 2025. A truly transformative post-2015 development agenda will leave for future generations a well-nourished world in which nobody goes to bed hungry and all children are able to survive and thrive and live life to their full potential.

The world has the technical knowledge and the means to end hunger and malnutrition in all its forms. In a world where there is enough food, ensuring that all people have access to a nutritious, healthy diet is no longer about charity but about justice. We are at a point in history where the main obstacle is the lack of political will and public awareness. The SDGs can be instrumental in building awareness and focusing public and political attention on a problem that is solvable. Ending hunger and malnutrition is a moral imperative.

In this issue of *SCN News* we look at what’s at stake, what the opportunities are for nutrition in the post-2015 development agenda and what the emerging challenges are.

Growing momentum on nutrition

In 2008, the British medical journal *The Lancet* released a [series on maternal and child undernutrition](#). The series provided compelling evidence and clear analysis of the

long-term consequences of undernutrition during the critical 1000 days during a mother's pregnancy and her child's second birthday. It focused on a set of targeted nutrition interventions that were proven and cost-effective and on a set of countries that had a very high-burden of childhood undernutrition. The Lancet Series came in the midst of a global food price crisis that had resulted in growing food insecurity and hunger across the world. Policy-makers, who feared growing political unrest and riots as a result of skyrocketing prices, were developing short, medium and long-term approaches responding to the food price volatility. Advocates in civil society and practitioners within development agencies were able to use the evidence presented in The Lancet Series to make the case for integrating nutrition into the global response to the crisis. Since then, there has been growing political support and commitment to reducing malnutrition, with a focus on maternal and child undernutrition. Fifty-five countries have now joined the Scaling Up Nutrition (SUN) Movement and the number increases. The United Nations (UN) Secretary-General Ban Ki-moon launched two major campaigns: Every Woman, Every Child (2010) and the Zero Hunger Challenge (2012) that have a strong focus on reducing stunting. In 2012, the World Health Assembly (WHA) endorsed a comprehensive set of six global targets to improve maternal, child and infant nutrition by 2025 and a year later endorsed a set of nine global targets on noncommunicable diseases that included nutrition-related targets. In 2013, [The Lancet issued a second series on maternal and child nutrition](#), which focused on the importance of good nutrition in adolescence and nutrition-sensitive actions. Also in 2013, the Governments of the United Kingdom and Brazil, with the Children's Investment Fund Foundation, hosted the Nutrition for Growth High-Level Event. This was the first pledging moment for nutrition and delivered US\$4 billion in pledges for nutrition-specific actions until 2020. The Brazilian Government also pledged to host the next Nutrition for Growth Summit in 2016 around the Rio Summer Olympics.

In 2014, the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO), in collaboration with other UN agencies, programmes and funds organized the Second International Conference on Nutrition (ICN2), 22 years since the first conference. At ICN2, 170 Member States adopted a political declaration (the [Rome Declaration on Nutrition](#)) and a [Framework for Action](#) that recognized that malnutrition in

all its forms has long-term impacts on health, the economy and social outcomes. Member States underscored their commitment to achieve the World Health Assembly [2025 Global Nutrition Targets](#) and [Global Action Plan on Noncommunicable Diseases](#), and launched the global nutrition targets [policy briefs](#) and [tracking tool](#). They made commitments to eradicate malnutrition in all its forms; increase investments in nutrition; raise the profile of nutrition in policies and strategies, including in the post-2015 development agenda; improve food systems; and strengthen nutrition capacity. The political declaration called for FAO, WHO and other international agencies to work together, and support national governments to realize the commitments. A Decade of Action on Nutrition from 2016–2025 is proposed to be considered by the UN General Assembly (UNGA).

To catalyse additional funding for nutrition, the Children's Investment Fund Foundation, the UBS Optimus Foundation, and the United Kingdom aid agency, the Department for International Development, partnering with the World Bank and United Nations Children's Fund (UNICEF), launched the [Power of Nutrition](#) at the 2015 World Bank/International Monetary Fund (IMF) Spring Meetings. This new trust fund, to be housed at the World Bank, hopes to leverage private and public resources to raise up to US\$1 billion to support nutrition action in countries that bear the highest burdens of child undernutrition. Some of these resources will come through the World Bank's concessional lending/grants arm, the International Development Association (IDA).

Learning from the MDGs: an opportunity for nutrition?

Combined with the growing momentum on nutrition giving it greater visibility, the process of developing the post-2015 goals and targets has responded to lessons from the MDGs experience. Progress fighting hunger and malnutrition lagged behind compared to other goals and targets. Partly this was because extreme poverty and hunger were put together assuming that progress on one would drive progress against the other; it is now clear that this is not the case. Additionally, a weak nutrition indicator, underweight, focused attention on calories rather than on nutrients. Furthermore, the MDGs were developed by a small group of UN experts. This process led to a concise set of goals that reflected agreements reached at a series of global conferences during the 1990s. It did not necessarily

reflect the goals, priorities and aspirations of Member States, especially the developing countries that were to achieve the goals.

The SDGs process has been quite different. It has been more inclusive, starting years before the MDGs were to expire. It has included a variety of approaches to gather input from individuals, civil society organizations, experts and Member States. These included country-level consultations, online surveys and thematic consultations, and “dialogues on implementation”. In 2012, the UN Secretary-General appointed a [High-Level Panel of Eminent Persons](#) to advise him on the post-2015 framework. The Panel sought input from experts and stakeholders from many sectors. Its report included a set of “[illustrative](#)” goals including a goal to ensure food security and good nutrition, with targets on hunger, access to safe and nutritious food, stunting, wasting and anaemia.

In September 2014, the Open Working Group on Sustainable Development, made up of 70 UN Member States, delivered its [proposal for the SDGs](#). The second of 17 proposed goals is:

Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

With targets on nutrition:

Target 2.1: by 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round.

Target 2.2: by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

The outcome of each of these efforts has been captured by the [UN Secretary-General’s Synthesis Report](#) and is informing the work of all the Member States as they negotiate through the next set of goals.

Another important way in which the SDGs will differ from the MDGs is that they will be universal, as they will be for developing and developed countries alike. The level of ambition is high and it is to “leave no one behind”.

The process of agreeing the SDGs will also include an up-front focus on the financing needed to support the imple-

mentation for the post-2015 development agenda whereas with the MDGs, this came later. The [high-level International Conference on Financing for Development \(FfD\)](#) will be held in Addis Ababa, Ethiopia in July 2015. While FfD will not necessarily cover financing needs for specific sectors, a successful outcome will set the level of ambition for the SDG negotiators. To date, the international community has underinvested in nutrition. Sustained multisectoral commitment and increased investment in nutrition is needed.

This issue: nutrition in the post-2015: seizing the opportunity

The articles in this issue bring together a diversity of views and perspectives on the importance of nutrition to the SDGs agenda, the ways in which the SDGs could elevate and focus attention on the urgency of eliminating malnutrition, the opportunities to be seized and the challenges to be addressed to deliver on the promise to end hunger and malnutrition in all its forms. They include perspectives from Pope Francis, who spoke at the ICN2; Member States, such as the Federal Republic of Germany, Ireland, the Republic of Peru, and the United States of America; the Parliamentary Front against Hunger in Latin America and the Caribbean; civil society organizations, including Save the Children and SUN civil society alliances in Myanmar, Niger, Uganda, and Zambia; the Gates Foundation; the private sector; academia; the SUN Movement; UN agencies and intergovernmental bodies.

It is fair to say that there is broad agreement among the contributors that the SDGs offer an opportunity to be truly transformative. The universal and sustainable nature of the goals underscores the interconnectedness of countries, people and planet. Universality and sustainability will require fundamentally changing the way in which the international community views success and approaches the nutrition challenge — including a stronger focus on human rights, gender equality, and social inclusion; and mustering the political will to address a dysfunctional global food system and climate change. Many articles focused on the need for “partnerships” across sectors, stakeholders, and institutions, building on the experience and platforms of the SUN Movement and the Committee of World Food Security (CFS). Save the Children highlights the under-explored possibilities to improve nutrition outcomes through well-designed social protection programmes. Archbishop Tomasi reminded us of Pope Francis’ message

to Member States and others gathered at ICN2, that it is the person who is hungry and malnourished, the mother and child, that should be at the center of policies and decisions; a theme that is indeed picked up by the First Lady of Peru, who advocates to increase efforts to educate and empower women and girls and support family farmers. Both these leaders urge us to not only use our brain and hands but also to care and let our hearts speak.

Various contributors pointed to emerging challenges—climate change and its impact on nutrition; the rapid rise of noncommunicable diseases in the developing world, where health systems are weak; and others pointed to these challenges as being an opportunity to reimagine a global food and agriculture system that can help lift smallholder farmers out of poverty, deliver healthy diets for all in a sustainable way to a growing population, while remaining profitable and attractive to the private sector.

Others focused on the issue of accountability. Metrics and indicators were very important in driving accountability, alignment and resource allocations in the MDGs. In this issue there is a proposal of indicators to measure progress towards the goal of ending malnutrition in all its forms by 2030. The proposal adds women's dietary diversity and the percentage of the national budget allocated to nutrition-specific and nutrition-sensitive actions to the package of indicators represented by the WHA 2025 global nutrition targets. Together, these indicators capture the multi-sectoral nature of nutrition. Also in this issue is a preliminary estimate of what the WHA global nutrition targets would be if extended to 2030, and a call for the engagement of other UN agencies and stakeholders in the exercise of extending the WHA targets to 2030 for the SDGs. It is significant that the governments have made these important commitments on nutrition. It is equally important that they follow through on commitments. Advocacy is key to accountability. A number of authors comment on this, including in an article on how the MDGs created the space for civil society organizations in Zambia to engage with the government on nutrition and to continuously monitor and advocate.

Many of the contributors in this issue make the case that nutrition is a foundational investment that will underpin progress towards many of the other SDGs. Currently it is difficult to track financial resources going to nutrition programmes across sectors, especially nutrition-sensitive activities. As such there is a call for better coordination at

the national and global levels, and for new approaches to work across sectors and stakeholders.

It is important to also acknowledge what is missing in this issue. While many authors highlighted the importance of addressing gender inequality and promoting women's empowerment, an in-depth look at this critical issue is needed. It is now widely accepted that improving nutrition outcomes depends on what happens to women and girls, and much more can be said and studied about the pathways. This issue does not elaborate on strengthening local capacity to design, implement, monitor and evaluate nutrition programmes. This is central to the issue of sustainability and warrants more attention. The ICN2 Framework for Action and the [Global Nutrition Report](#) point to the importance of the quality, availability and frequency of data as key to ensuring that we are on track to achieving the SDGs and reaching those hardest to reach. The need for timely data is all the more urgent when trying to reach mothers and children in the 1000-day window. Much more could and should be said about data needs and systems to retrieve them. Finally, increased knowledge and insights are needed on fragile states and their involvement in the post-2015 process. Were the MDGs useful for people living in war or conflict situations? Will the SDGs be relevant and/or helpful in contexts of occupation or civil strife? Can goals and targets be adequately monitored in states with broken systems?

A call to action

The SDGs are an opportunity to build on the growing momentum, consensus and commitment to nutrition. Nutrition is integral to achieving the proposed goals to end hunger, extreme poverty and preventable child deaths by 2030. How nutrition is positioned in the SDGs will ensure that it remains a priority and that the commitments that have been made to date are realized.

Going into the final stretch of the negotiations, and recognizing that the goals and targets being negotiated are not likely to change substantially from the Open Working Group proposal, it is clear that the SDGs are already stronger on nutrition than were the MDGs. However, the OWG proposal does not reflect the important progress made by Member States at the World Health Assembly in 2012 in unanimously prioritizing [six global nutrition targets](#). Member States also restated their commitment to this set of targets at ICN2 and added in the dimension of

agriculture and food systems, committing to improve dietary diversity. Only two of the WHA targets are in the SDGs – stunting and wasting. As mentioned earlier, nutrition targets are only reflected in the food security goal; this is also a step back from the consensus that nutrition must be addressed across sectors. The absence of nutrition indicators under goals related to health is of particular concern given that 45% of all preventable child deaths (SDG3, target 3.2) is due to undernutrition in the 1000-day window.

From the experience with the MDGs, we know that the SDGs will have a profound impact on the development agenda for the next 15 years. What is in the SDGs will get attention and resources. It is really important that nutrition stakeholders speak up now to ensure that the consensus to address nutrition through a multisectoral approach is reflected in the goals and targets but also in the indicators used to measure progress. While there may be very limited space to include additional targets under SDG2 or SDG3, there is still time to make the strong case that, in addition to the two critical stunting and wasting targets, the remaining WHA targets¹ should be included as indicators along with the indicator for dietary diversity of women and an indicator for budget allocation for nutrition. In

addition to being key to measuring progress towards ending malnutrition in all its forms, each of these indicators serves multiple goals and targets, including inequality, maternal and child mortality, women's empowerment and educational attainment. A specific budget line for nutrition will help governments be aware of how much they have budgeted and are spending on nutrition. It will be important for nutrition accountability and advocacy. FfD in July 2015 will be an important moment to highlight these issues and challenges with nutrition funding.

We are at a unique moment when nutrition could and should be elevated and resourced to be a global priority integral to global health and development outcomes. Now it is critical that nutrition advocates reach out to SDGs negotiators and members of the [UN Statistical Commission](#). We hope that this *SCN News* edition makes a strong case that nutrition is foundational, that nutrition indicators are key to accountability and offers a path forward for addressing emerging challenges. A clear opportunity to accelerate progress on nutrition would be to move forward on the Rome Declaration's call for **A Decade of Action on Nutrition**. This year offers the kind of opportunity that will not come again. We urge all readers to share, educate, empower, engage and advocate.

Asma Lateef has been Director of the Bread for the World Institute since 2007. Ms Lateef is responsible for implementing the Institute's analysis and education on policy issues related to hunger, malnutrition and poverty, globally and in the context of the United States of America. Since 2010, she has been involved in efforts to establish and support the Scaling Up Nutrition (SUN) Movement. She now serves on the Steering Committee of the SUN Movement's Civil Society Network and is also a member of the Executive Committee of the 1,000 Days Advocacy Working Group. Ms Lateef has a master's degree in economics from the University of Maryland, a post-graduate diploma in economics from the London School of Economics and a bachelor's degree in Geography from McGill University. She has over 20 years of experience in public policy and extensive experience developing and implementing policy and advocacy strategies. Prior to becoming Institute Director, Ms Lateef was Director of Policy and Programs at Citizens for Global Solutions and a senior international policy analyst in the Government Relations Department of Bread for the World. In 2003, she led Bread for the World's campaign to support the establishment of the Millennium Challenge Account (MCA) and the Millennium Challenge Corporation. She also co-chaired a national coalition that worked on the authorization, funding and implementation of the MCA. She has also worked for the International Labour Organization and the United Nations Conference on Trade and Development.

¹ Percentage of children less than 6 months old who are fed breastmilk alone; percentage of women of reproductive age (15–49) with anaemia; proportion of children who are overweight or obese; percentage of infants born low birth weight (less than 2500 g).

FEATURE PAPERS



Nutrition and the Sustainable Development Goals: an opportunity for real progress

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Author statement: The author declared not having any conflict of interest.

The negotiations around new Sustainable Development Goals (SDGs) offer a window of opportunity for the global community to make good on past commitments to tackle the world's entrenched nutrition problems. Well-designed, well-funded actions at scale are essential to achieving sound nutrition for all in tandem with each of the individual SDGs. This paper summarizes the many pathways by which nutrition can play a role in achieving the SDGs, and how achieving the SDGs can also benefit nutrition. It argues that a more prominent role for nutrition is warranted, and that a minimum set of nutrition, dietary and policy commitment indicators must be included in the post-2015 agenda.

Introduction

Nutrition has a direct bearing on the success or failure of the Sustainable Development Goals (SDGs). The SDGs represent one of the main outcomes of the Rio+20 Conference in 2012. At that meeting, Member States of the United Nations agreed to launch a process aimed at developing a set of targets that build on the 2000 to 2015 Millennium Development Goals (MDG) agenda. Like the MDGs, the still-draft SDGs are an integrated set of priorities for all nations to focus on in the post-2015 period. Also like the MDGs, the SDGs are synergistic; that is, they represent neither a sequential order of proposed actions, nor a ranking of urgency. They all matter.

But many elements of the SDG agenda represent both inputs to, and outcomes of, the overall objective of sustained development. Nutrition is no different. Nutrition must be understood as both an input to, and an outcome of, the SDGs as a whole. The many manifestations of malnutrition derive not just from a lack of sufficient and adequately nutritious and safe food, but from a host of interacting processes linking health, care, education, sanitation and hygiene, agriculture, trade, access to resources, women empowerment and more. Good nutrition leads to higher individual earnings and mental acuity, which in turn support macroeconomic and societal growth. Malnutrition (which includes undernutrition as well as overweight and obesity) impairs individual productivity, which

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acts as a drag on national growth. In this sense, malnutrition will represent a pernicious, often invisible, impediment to the successful achievement of SDG targets.

This paper summarizes a [UNSCN Technical Note](#) (UNSCN 2014) that laid out the many pathways by which nutrition can play a key role in achieving the SDGs, and how achieving the SDGs can also benefit nutrition. It argues that a more prominent role for nutrition is warranted, and that a minimum set of nutrition and diet-related indicators are essential to target-setting in the post-2015 years.

Nutrition within the SDGs

A better understanding of the multidirectional relationships between nutrition and the SDGs requires acknowledgement of the multifaceted nature of nutrition (Table 1). Just as “health” is not defined as the absence of a single disease, and “poverty” is no longer seen as just a metric of low income, “nutrition” is about more than the absence of one or more nutrients or being too thin or too heavy. Today, it is acknowledged that there are several distinct, albeit linked, facets of poor nutrition, each of which carries its own implications for impaired human productivity and well-being. It is also recognized that weight-for-age (used as the sole nutrition indicator in the Millennium Development Goals) is not the only or best metric for representing the full array of nutrition conditions of concern.

Reflecting this understanding, in 2012 the World Health Assembly (WHA) endorsed a *Comprehensive implementation plan on maternal, infant and young child nutrition* which included six targets based on their public health relevance; namely, child stunting, anaemia in women of reproductive age, low birth weight, childhood overweight, child wasting and exclusive breastfeeding for the first six months after birth (de Onis et al. 2013). Alone, each of these problems represents a challenge. Together, they combine to pose a significant threat to global development. Recent estimates for 2013 suggest that 161 million children under the age of 5 years were stunted, at least 51 million were severely or moderately wasted, while another 42 million children were overweight or obese (Black et al. 2013; UNICEF, WHO, WB 2014). In addition, there are billions of individuals deficient in one or more vitamins or minerals which lead, for example, to anaemia, blindness, cognitive impairment, greater susceptibility to many diseases and higher mortality. In addition, rates of low birth weight and/or small for gestational age (which

reflect in utero nutritional compromise and maternal undernutrition), as well as non-exclusive breastfeeding remain very high globally, contributing to suboptimal growth, health and productivity. Indeed, almost all countries (industrialized and developing) are affected by various of these overlapping nutrition problems.

That there are short-term and long-term implications of poor nutrition, and numerous forms of deficiencies, underscores both the multifaceted nature of the problem and the many ways in which nutrition plays a role in human activity and behaviour. Some of these links are spelled out below for a subset of the [17 SDGs as currently proposed by the Open Working Group](#) (OWG 2014).

SDG1: End poverty in all its forms

It is widely documented that poor nutrition represents a drag on economic growth through losses in productivity and indirect losses through higher health care costs, causes earlier mortality resulting in lost investments in human capital, and reduces competitiveness due to impaired cognitive functions and resulting deficits in schooling (Hoddinott 2012, Black et al. 2013, IFPRI 2014). The productivity losses to individuals from various forms of undernutrition have been estimated as 10% or more of lifetime earnings, while losses to national productivity can be as high as 11% of Gross National Product per year (World Bank 2006, IFPRI 2014). Conversely, the economic gains from reducing undernutrition (including key micronutrient deficiencies) yields an average benefit–cost ratio of 15; that is, even under the most conservative assumptions, US\$1 invested in a bundle of evidence-based interventions for nutrition generates average returns of US\$15 (Hoddinott et al. 2012). Indeed, the Copenhagen Consensus (2015) group argues that reducing stunting globally by 40% carries a benefit of US\$43 for each US\$1 spent.

The economic costs of obesity are also alarming (Finkelstein et al. 2010). For example, one study calculated that the costs of lost productivity and health care associated with obesity will double for countries like China between 2000 and 2025, reaching almost 8% of annual Gross National Product (GNP) (Popkin et al. 2006). Thus, actions to address all forms of malnutrition represent crucial investments in poverty reduction and economic growth.

While the World Bank (2006) has rightly pointed out that economic growth can reduce income poverty but not nec-

essarily reduce malnutrition, the benefits of sustained equitable economic growth could support improved nutrition on a large scale if nutrition-sensitive policies and programmes were to direct benefits to nutritionally vulnerable households.¹ The economic haemorrhaging (Gross Domestic Product lost to poor nutrition) could be stopped if investments were made to resolve all forms of malnutrition (Horton and Steckel 2011). In other words, income growth can help individuals succeed economically, but it also helps governments provide budget support for interventions that matter for sound nutrition. Resolving poverty will grow the resource base needed for nations to more quickly resolve all forms of malnutrition, but it has to be used appropriately (to resolve malnutrition). A reduction in malnutrition, meanwhile, contributes directly and indirectly to the resolution of poverty through enhanced school achievements, labour productivity, cognitive abilities and improved health.

SDG2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Nutrition is linked to nutrient sufficiency and diet quality. One of the key messages of the 2014 State of Food Insecurity in the World report is that sustained political commitment is a prerequisite for improved nutrition, requiring nutrition and food security to be pushed to the top of the political agenda (FAO, IFAD and WFP 2014). Ensuring year-round access to adequate, safe, diverse and nutrient-rich food for all requires a twin-track approach: adopting a long-term vision to resolving underlying constraints, while also dealing with immediate needs.

For example, enhanced agricultural systems are essential. They must be more responsive to need, support healthier, more diverse choices, and enhance food abundance without sacrificing resiliency or sustainability. Pinstrup-Andersen (2011) makes the point that agriculture and food system relationships with nutrition are bidirectional, and that although much research has focused on the impact of agriculture on nutrition, it is equally important to

recognize the two-way relationship, in which health and nutrition affect agriculture and food systems. This works through sickness (SDG3) and impaired worker productivity (such as anaemia in women of reproductive age affecting work capacity), which itself causes lower adoption of improved technology and other inputs (SDG9).

Similarly, the Global Panel on Agriculture and Food Systems for Nutrition argued that actions to address “not just agricultural productivity but improvements throughout the food and healthcare system represent critical opportunities for reducing malnutrition” (Global Panel 2014, p.5). Since food production, marketing and consumption patterns are changing rapidly, new understanding is needed of the dynamic pathways that link producers and consumers, and how improved nutrition and health are mutually supportive. To enable nutrition to support food security (SDG2) and all other SDGs as well, targeted nutrition-specific and nutrition-sensitive actions are required across the entire food system to address both immediate needs and ensure that lives are sustained. This must include evidence-based interventions to treat and prevent all forms of malnutrition, which need to be linked to improved health service delivery globally (Bhutta et al. 2013). While stunting is an essential indicator of longer term nutritional impairment, all six World Health Assembly targets need to be met. This argues for all six relevant indicators to be included in the SDGs monitoring framework.

SDG3: Ensure healthy lives

Strong synergies between health and nutrition are well-documented (World Bank 2013). Sound health is not possible without good nutrition. Roughly 45% of preventable child mortality is attributable to undernutrition, while also being the leading contributor to the burden of disease in sub-Saharan Africa and fourth in South Asia (Black et al. 2013; Lim et al. 2013). Globally, dietary risk factors and physical inactivity collectively accounted for 10% of global disability-adjusted life years (DALYs) in 2010 (Lim et al. 2012).²

¹ Ruel and Alderman (2013) note that features making a programme potentially nutrition-sensitive include that they a) address underlying determinants of nutrition, b) are usually implemented at scale, c) can be effective at reaching populations with high malnutrition rates, d) consciously seek to address those malnutrition rates, and e) can be leveraged to serve as delivery platforms for more targeted nutrition-specific activities.

² A disability-adjusted life year (DALY) is a measure of disease burden, expressed as the number of years lost due to ill-health, disability or premature (avoidable) mortality. One DALY represents one year of healthy life lost.

However, between 1990 and 2010, the global disease burden attributable to high body-mass index (BMI), the main metric of overweight and obesity, rose from 52 million to 94 million DALYs (Lim et al. 2012). Early investments to prevent stunting, including prevention of low birth weight and exclusive breastfeeding, contribute to reducing later risks of obesity and chronic diseases (Adair et al. 2013; Black et al. 2013). In other words, being malnourished in any form carries significant risks to health.

Resolving all forms of malnutrition would significantly reduce the burdens of sickness and premature death, and the economic burdens of lost productivity and burgeoning health care costs. Appropriate investments in the first 1000 days yield benefits not only for that child's lifetime, but across generations. The discounted cost of implementing evidence-based interventions for optimal nutrition amounts to roughly US\$370 per life-year saved (Bhutta et al. 2013). The benefits to global health would be greater still.

SDG4: Ensure quality education and learning

Just as health and nutrition are inextricably linked, the ability to learn, and good nutrition, are mutually supportive. Poor nutrition in its various manifestations acts as a drag on education: compounding the negative effects of poverty, it is linked to delayed school enrolment, impaired concentration, more schooling lost to illness, and drop-out before completion (Jukes et al. 2002). Children who are more affected by stunting early in their life have poorer test scores on cognitive assessments and activity level (Glewwe et al. 2001, Alderman et al. 2006). However, micronutrient deficiencies also affect learning. For example, iodine deficiency is correlated with up to a 15 point reduction in the intelligence quotient (IQ) at a population level; this deficiency is currently estimated to affect roughly 2 billion people worldwide (WHO 2013b, Eastman and Jooste 2012).

No nation can afford to waste the latent capabilities of its citizens on such a scale. The education of girls in particular has been shown to have direct links to improved nutrition of their own children (Smith and Haddad 2014), as well as indirect impacts via later marriage (when their bodies are ready for childbirth), and reduced child mortality even when controlling for income of the household (Wang et al. 2014), reduced fertility rates, and enhanced earnings of adult women.

SDG5: Achieve gender equality and empowerment

Gender equality and empowerment (particularly of girls, women and marginalized vulnerable populations), is critical to good nutrition. As noted by Pinstrip-Andersen (2011), the link between nutrition and productivity is particularly important for women, in part because of the role women play in producing food, meal preparation, fetching water and fuel, and child care. Legislation and policies to achieve equality and empowerment, as well as freeing up their time, can be measured in terms of women's access to education, health care, legal representation, training, and productive resources. Undernourished girls and women are often least able to take advantage of development resources on offer (be it microcredit, schooling or paying jobs) because of lower work capacity, sickness and inability to travel or join meetings that could be to their benefit, and they are therefore less able to contribute to the goals of equality and empowerment (Duflo 2012). If agricultural output and all forms of human productivity are to be increased in the coming decades, women and other disempowered groups require at least equal access to all resources, legal protection and services that they need.

SDG6: Ensure sustainable water and sanitation

In calculating the relative contribution of various factors to the progressive decline in child stunting between 1970 and 2010, Smith and Haddad (2014) estimated that increased access to safe water accounted for 25% of the change. The risks to nutrition derive from waterborne diseases, microbial contaminants that provoke enteric dysfunction and diarrhoea, while a lack of hygiene itself increases food safety risks.

Separately, Smith and Haddad (2014) calculated that roughly 14% of the total decline in stunting between 1970 and 2010 resulted from improved sanitation. Rates of open defecation remain above 10% in parts of Africa, and are still high in South Asia at 35% (IFPRI 2014). Improved nutrition can support improved water and sanitation services indirectly through increased demand. As nutrition improves, this leads to associated benefits of demand for better food quality, education, and preventative health services, and there is greater household practice of appropriate handwashing practices, food and personal hy-

giene, and sanitation. This results in demand for clean water and effective personalized sanitation. As poverty falls, consumers (urban and rural) understand and afford the benefits of access to hygienic resources and facilities.

SDG12: Ensure sustainable consumption and production patterns

Closely linked to SDGs 1, 2 and 3, the vision of sustainable food production and consumption is increasingly shared by industrialized and developing countries alike. Governments are paying more attention to the importance of linking policies and investments that integrate agriculture and food markets with improved nutrition (Webb and Block 2012). Improved nutrition can support greater consumer focus on healthy diets that in turn must be supported by healthy and sustainable production systems. Policy actions that address not just agricultural productivity, but improvements across entire food systems, represent a new approach to tackling malnutrition (Global Panel 2014). The term “nutrition-sensitive agriculture” was coined for interventions that can have positive nutrition impacts by increasing the supply, availability, accessibility, diversity, nutrient content and safety of foods (Ruel and Alderman 2013). Enhanced food supply chains also work for nutrition by reducing or stabilizing food prices, extending seasonal availability of nutrient-rich foods, improving information flows or by enforcing food safety standards (FAO 2013). In other words, actions are needed across the entire food system, rather than just in a single sector.

Conclusions and ways forward

The Global Nutrition Report (IFPRI 2014, p.2) argues that, *“improvements in nutrition status will be central to the sustainable development agenda”*. Similarly, the Rome Declaration, outcome document of the Second International Conference on Nutrition (ICN2) (FAO and WHO 2014, p.1) referred to “the multiple challenges of malnutrition to inclusive and sustainable development”. The world as a whole did not meet the MDG target relating to nutrition (share of children underweight), and is currently not on track to meet many of the six nutrition targets set by the WHA for 2025. As such, the nutrition community, and its allies in the food security, agriculture, water, sanitation and hygiene (WASH), gender and health communities, must advocate more strongly for nutrition within the SDG framework, while more effectively disseminating evi-

dence-based solutions and best practice. A concerted effort will be required to disseminate and promote best practices that focus appropriate interventions on the needs of the most nutritionally vulnerable. The SDGs are attainable, especially if nutrition is put front and centre of the agenda and linked to all of the ambitious new goals. Sustainable development depends on it.

For this to happen, nutrition needs to be highlighted in the SDGs not hidden, for example by adopting indicators for all six of the WHA targets within the SDGs framework. But that is not enough. The links with sustainable food systems and healthy dietary choices have also to be highlighted, and indicators selected that are sensitive to specific policy and programming interventions. At least one indicator of diet diversity should be included in the SDG targets, such as the percent of women of reproductive age who consume at least five out of 10 food groups daily. Each target should be allied to a clearly-defined set of evidence-based actions at scale that target, or are supportive of, improved nutrition. These must be promoted through global movements (such as the Scaling Up Nutrition Movement), through multilateral organizations speaking with one voice on these critically important matters, and by national governments, who need to promote local understanding of nutrition priorities and empower actions tailored to local need. While the precise nature of problems affecting countries, regions and peoples may differ in degrees, the reality is that all nations around the world have overlapping nutrition problems that require actions appropriate to the challenge; this is the “new normal” (IFPRI 2014, p.22).

Funding essential initiatives is a key responsibility of governments that should be transparently monitored, and the percent of a national budget formally allocated to nutrition must also be established as a priority SDG indicator. Development partners should assist national governments in pursuing local nutrition agendas, but they too must more clearly define their own financial allocations aimed at nutrition. The data revolution called for in the Global Nutrition Report (IFPRI 2014) is itself a goal that all stakeholders in the post-2015 development agenda should prioritize.

The SDGs represent a window of opportunity for the global community to finally make good on its many past commitments to improving nutrition. Urgent, well-designed, well-funded actions at scale are essential to achieving the vision of good nutrition for all in the coming years. The

WHA's targets and the ICN2's 60 recommendations, allied to the SUN movement's focus on building national capacities and the Global Nutrition Report's insistence on better empirical knowledge and accountability for nutrition, together offer a way forward. Achieving the collective vision that links all such initiatives is a key to putting sustainability at the core of the human development agenda.

References

- Adair L, Fall C, Osmond C, Stein A, Martorell R, Ramirez-Zea M, Sachdev H, Dahly D, Bas I, Norris A, Micklesfield I, Hallal P and Victora C for the COHORTS group (2013) Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: findings from 5 birth cohort studies. *Lancet*, 382, pp. 525-34.
- Alderman H, Hoddinott J and Kinsey B (2006) Long term consequences of early childhood malnutrition. *Oxford Economic Papers*, 58(3), pp. 450-474.
- Bhutta Z, Das J, Rizvi A, Gaffey M, Walker N, Horton S, Webb P, Lartey A, and Black R for the Lancet Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group (2013) Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet*, 382, pp. 452-477.
- Black R, Victora C, Walker S, Bhutta Z, Christian P, de Onis M, Ezzati M, Grantham-McGregor S, Katz J, Martorell R, Uauy R, and the Maternal and Child Nutrition Study Group (2013) Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*, 382 (9890), pp. 427-51.
- Copenhagen Consensus (2015) *Bang for the Buck*. ([Online](#))
- de Onis M, Dewey K, Borghi E, Onyango A, Blössner M, Daelmans B, Piwoz E and Branca F (2013) The World Health Organization's global target for reducing childhood stunting by 2025: rationale and proposed actions. *Maternal and Child Nutrition*, 9 (Suppl. 2): pp. 6-26.
- Duflo E (2012) Women Empowerment and Economic Development. *Journal of Economic Literature*, 50 (4), pp. 1051-1079.
- Eastman C and Jooste P (2012) *Current Challenges in Meeting Global Iodine Requirements*. In: Bhutta Z, Hurrell R, Rosenberg I (eds.) Meeting Micronutrient Requirements for Health and Development. Nestlé Nutrition Institute Workshop Series, v70, pp. 147-59. Nestlé/S. Karger AG, Basel, Switzerland.
- Food and Agriculture Organization of the United Nations (FAO) (2013) *Food Wastage Footprint: Impacts on Natural Resources*. Rome: FAO.
- FAO, International Fund for Agricultural Development (IFAD) and World Food Programme (WFP) (2014) *The State of Food Insecurity in the World: Strengthening the enabling environment for food security and nutrition*. Rome: FAO, IFAD and WFP.
- FAO and World Health Organization (WHO) (2014) *Conference Outcome Document: Rome Declaration on Nutrition*. Second International Conference on Nutrition, Document ICN2 2014/2. Rome. ([online](#))
- Finkelstein E, Dibonaventura M, Burgess S and Hale B (2010) The Costs of Obesity in the Workplace. *Journal of Occupational and Environmental Medicine*, 52, pp. 971-6.
- Glewwe P, Jacoby H, and King E (2001) Early childhood nutrition and academic achievement: A longitudinal analysis. *Journal of Public Economics*, 81(3), pp. 345-68.
- Global Panel on Agriculture and Food Systems for Nutrition (Global Panel) (2014) *How Can Agriculture and Food System Policies Improve Nutrition?* Technical Brief No. 1. London: Global Panel.
- Hoddinott J, Rosegrant M and Torero M (2012) *Hunger and Malnutrition*. Assessment paper for the 3rd Copenhagen Consensus, Copenhagen Consensus Center. ([online](#))
- Hoddinott J, Alderman H, Behrman J, Haddad L and Horton S (2013) The economic rationale for investing in stunting reduction. *Maternal and Child Nutrition*, 9 (Suppl. 2), pp. 69-82.
- Horton S and Steckel R (2011) *Malnutrition: Global economic losses attributable to malnutrition 1900-2000 and projections to 2050*. Copenhagen: Copenhagen Consensus on Human Challenges.
- International Food Policy Research Institute (IFPRI) (2014) *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*. Washington DC: IFPRI.
- Jukes M, McGuire J, Method F and Sternberg R (2002) *Nutrition and Education*. Brief No. 2 of Nutrition: A Foundation for Development. Geneva: United Nations System Standing Committee on Nutrition.
- Lim S, Vos T, Flaxman A, Danaei G, Shibuya K, Adair-Rohani H and Ezzati M (2012) A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*, 380, pp. 2224-2260.
- Open Working Group for Sustainable Development Goals (OWG) (2014) Proposal for Sustainable Development Goals. Outcome Document, Draft dated 19 July 2014. ([online](#))
- Pinstrip-Andersen P (2011) *The Food System and Its Interaction with Human Health and Nutrition*. 2020 Conference Brief No. 13 prepared for the international conference on "Leveraging Agriculture for Improving Nutrition and Health". New Delhi.
- Popkin B, Kim S, Rusev E, Du S and Zizza C (2006) Measuring the full economic costs of diet, physical activity and obesity-related chronic diseases. *Obesity Reviews*, 7, pp. 271-293.
- Ruel M and Alderman H (2013) Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *Lancet*, 382, pp. 536-551.
- Smith L and Haddad L (2014) *Reducing Child Undernutrition: Past Drivers and Priorities for the Post-MDG Era*. IDS Working Paper 441. Brighton: Institute for Development Studies.
- United Nations Children's Fund (UNICEF) (2013) *Improving Child Nutrition: The achievable imperative for global progress*. New York: UNICEF.
- UNICEF, WHO, World Bank (2014) *Joint Child Malnutrition Estimates: Levels & Trends in Child Malnutrition* (updated September 2014). New York: UNICEF.
- United Nations System Standing Committee on Nutrition (UNSCN) (2014) *Nutrition and the Post-2015 Sustainable Development Goals*. A Technical Note. ([online](#))
- Wang H, Liddell C, Coates M, Mooney M, Levitz C and Murray C (2014) Global, regional, and national levels of neonatal, infant, and under-5 mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*, [http://dx.doi.org/10.1016/S0140-6736\(14\)60497-9](http://dx.doi.org/10.1016/S0140-6736(14)60497-9).
- Wang Y, McPherson K, Marsh T, Gortmaker S and Brown M (2011) Health and economic burden of the projected obesity trends in the USA and the UK. *Lancet*, 378, pp. 815-825.
- Webb P and Block S (2012) Support for agriculture during economic transformation: Impacts on poverty and undernutrition. Special Feature on Agriculture, Development and Nutrition Security. *Proceedings of the National Academies of Science*, 109 (31), pp. 12309-12314.
- World Health Organization (WHO) (2013a) *Global nutrition policy review: What does it take to scale up nutrition action?* Geneva: WHO.
- WHO (2013b) *Is it true that lack of iodine really causes brain damage?* WHO Health Topics Q&A, updated May 2013. ([online](#))
- World Bank (2006) *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action*. Directions in Development Series. Washington DC: World Bank.
- World Bank (2013) *Improving Nutrition through Multisectoral Approaches*. Washington DC: World Bank.

Table 1. Illustration of the linkages between nutrition and the SDGs

Contributions of nutrition to SDG	Sustainable Development Goals	Contributions of SDG to nutrition
Good nutrition results in higher labour productivity, mental capacity, and longer healthy lives. Each added cm of adult height is associated with an almost 5% increase in wage rates.	1. End poverty in all its forms everywhere	Doubling per capita income cuts child stunting by 15%. This happens as households escape poverty and governments invest more to tackle malnutrition due to reduced GNP losses.
Good maternal nutrition reduces risks of low birth weight and improves care of children. A well-nourished workforce supports productive agriculture and more demand for food, increased food security and reduced hunger.	2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture	Nutrition would benefit hugely from zero hunger and full food security. Sustainable agriculture supports appropriate diets, income and resource use.
Nutrient–disease interactions are synergistic. Good nutrition significantly reduces the risks of sickness and mortality in the context of a host of diseases, as well as maternal health and fetal growth.	3. Ensure healthy lives and promote well-being for all at all ages	Enhancing health, starting with adolescent girls and focusing on the first 1000 days (including breastfeeding promotion), supports child nutrition and growth while reducing NCD burdens later in life.
Improving linear growth for children under two by 1 standard deviation adds half a grade to school attainment. Resolving iron, iodine and other nutrient deficiencies supports mental capacity.	4. Ensure inclusive and equitable quality education and promote life-long learning	Access to information, education, schooling and informal knowledge enhances health and food choices, income growth, and nutrition.
Improving the nutrition of girls, adolescents and women increases their ability to perform well at school and in the workforce.	5. Achieve gender equality and empower all women and girls	Gender equality (in education, status, earnings) accounts for 25% of child nutrition gains. Girls' education delays marriage and first birth.
Improved nutrition is associated with enhanced knowledge and behaviours linked to personal and food hygiene and sanitation, raising demand for clean water and quality sanitation.	6. Ensure availability and sustainable management of water and sanitation for all	Reduction in open defecation and improved access to water cuts bacterial contamination in the food supply and supports handwashing, which impacts nutrition outcomes.
Improved nutrition in all its forms generates demand for food, goods and services, including electrification in the context of demand for refrigeration and food processing.	7. Ensure access to affordable, reliable, sustainable and modern energy for all	Access to energy reduces time burdens on women seeking wood and charcoal. Reduced indoor pollution directly reduces sickness-mediated nutritional compromise.
Nutrition stimulates economic growth, improving the mental and physical productivity of the labour force. Removing undernutrition would prevent GNP losses of 8–11% per year.	8. Promote sustained, inclusive and sustainable growth, full and productive employment, decent work for all	Earning opportunities are key to enable households to rise out of poverty and to enhance the adequacy and quality of their diets. Higher GNP allows governments to invest in pro-nutrition policies and programming.

Note: SDG titles are abbreviated for space. Full SDG titles as currently proposed are in OWG (2014).

Table 1. Illustration of the linkages between nutrition and the SDGs (cont.)

Contributions of nutrition to SDG	Sustainable Development Goals	Contributions of SDG to nutrition
Enhanced nutrition through the lifespan supports learning and later innovation potential. Industrialization and markets only thrive with productivity and growing demand across food systems.	9. Build resilient infrastructure, promote inclusive industrialization and foster innovation	Innovations in productive technology, value chains and marketing enhance food safety and diet quality. Innovation in communication and marketing among the poor supports nutrition.
Resolving stunting has more impact for the poor, thereby reducing current nutrition inequalities that perpetuate future nutrition and income inequalities.	10. Reduce inequality within and among countries	Reduced inequalities in nutrition allows for more balanced productivity and growth across the population. Less inequality across nations promotes balanced dialogue and engagement.
Lower mortality and morbidity due to enhanced nutrition reduces population pressure on natural resources as fertility falls.	11. Make cities and human settlements inclusive, safe, resilient and sustainable	Urban demand for safe quality diets supports growth in rural production and services, enhancing nutrition. Less water waste and pollution supports nutrition in urban and rural areas.
Falling poverty and improved nutrition raises demand for higher quality and more diverse diets.	12. Ensure sustainable production	Product diversity and more productivity supports diet diversity, food quality (including of complementary foods) and safety, all needed for good nutrition.
Research on nutrient quality as crop traits promoting plant vitality supports climate-resilient agriculture research.	13. Urgent action to combat climate change and its impacts	Research to enhance crop and animal resistance to agroecological shifts linked to climate change will protect food supplies and diet diversity.
Reduced population pressure on environmental resources comes through better nutrition supporting reduced mortality and lower fertility rates.	14. Conserve and use the oceans, seas and marine resources sustainably	Enhanced resiliency of food production and marketing systems can reduce food price volatility that hurts the poor.
More informed consumer demand for high quality, diverse, safe diets drives attention to sustainability of production and impacts of product choices on entire food systems.	15. Protect, restore and promote sustainable use of terrestrial ecosystems	Production diversity based on sustainable practices leads to lower consumer prices (diversified demand) and hence to diet quality.
Moves to strengthen nutrition accountability and governance globally bring attention to the importance of inclusive stakeholder dialogues and cross-sector models for effective policies.	16. Promote peaceful and inclusive societies, access to justice for all, and build effective, accountable institutions	Discrimination of all kinds, inequity, economic penury and injustice are drivers of conflict, destruction and malnutrition. Peace and justice are preconditions for building accountable institutions needed to achieve good nutrition for all.
Global prioritization of nutrition has never been higher. Multistakeholder platforms such as Scaling Up Nutrition and Zero Hunger Challenge offer platforms on which to build renewed interest and investment in nutrition.	17. Strengthen and revitalize global partnerships for sustainable development	A further strengthening of global partnerships and intergovernmental commitments to sustainability and equality offer a foundation for building peace and effective, open and accountable institutions, and improved multisector and multistakeholder coordination and collaboration.

Post-2015 agenda: sustainable and healthy food systems for preventing the crisis in child obesity

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With more of the world's adults obese than underweight, we need to rethink what we mean by "nutrition security", and consider the threats to the consumption of a healthy diet, particularly for the next generation. Here, the writer suggests that the protection of nutrition security will require significant political courage as the current trends in global food supplies are likely to make matters worse and put children's health at greater risk. The first step is to seize the opportunities arising from the Second International Conference on Nutrition (ICN2) to develop strategies for reducing noncommunicable diseases (NCDs) in the post-2015 agenda.

The issues at stake: obesity and noncommunicable diseases (NCDs)

For the last half century, agricultural policies have ensured great progress in reducing the risk of undernourishment and food insecurity. Meanwhile, as we discuss below, overweight/obesity has overtaken underweight as the largest nutritional problem in adults, and is rapidly rising among children of all ages. How well will the post-2015 development agenda address this new nutritional crisis?

A set of priorities has been identified for the post-2015 agenda and, even though not yet formally endorsed, it is unlikely that those will change dramatically in the forthcoming months. The United Nations Open Working Group drafting the development agenda has rightly included hunger, nutrition and health among the [17 proposed Sustainable Development Goals](#) (SDGs), and they have clarified their goals for hunger and nutrition with these two targets (OWG 2014, p. 8):

Target 2.1: "By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round".

Target 2.2: "By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons".

There is also a proposal for a goal (SDG3) to ensure healthy lives and promote well-being at all ages, with a target related to preventing chronic diseases (OWG 2014, p. 9):

Target 3.4: "By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being".

How will these goals accommodate the major nutrition issue of today: the rising and hugely costly problem of excess consumption of highly processed foods rich in sugars, salt and fats, and insufficient consumption of vegetables, pulses, fruit and fish, and whole grains, resulting in obesity and a host of diet-related chronic disease conditions?

If we fail to address this issue in the post-2015 decade, we will lose a major opportunity to tackle the World Health

Assembly's targets to halt the rise in obesity and diabetes within the next ten years (WHO 2014a), including a halt to the rise in childhood overweight (WHO 2014b). Member States at WHA have recognized the increasing burden of nutrition-related disease and given a high priority to tackling diet-related NCDs (WHA 2014). Perhaps in the 1960s or 1970s it would have been reasonable to consider hunger and undernutrition to be the world's biggest nutrition problem, and ensuring food security to be the greatest priority. But the extraordinary increases in food productivity, increased attention to infant diets and better primary health care have reduced hunger and child undernutrition, and in their wake come new problems: 2015 is a time to acknowledge that the problem is not simply insufficiency, but imbalance. This new challenge has been recognized in the Declaration arising from the Second International Conference on nutrition (ICN2), jointly organized by the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO) in Rome, in November 2014 (FAO and WHO 2014).

Obesity and undernutrition: a common link?

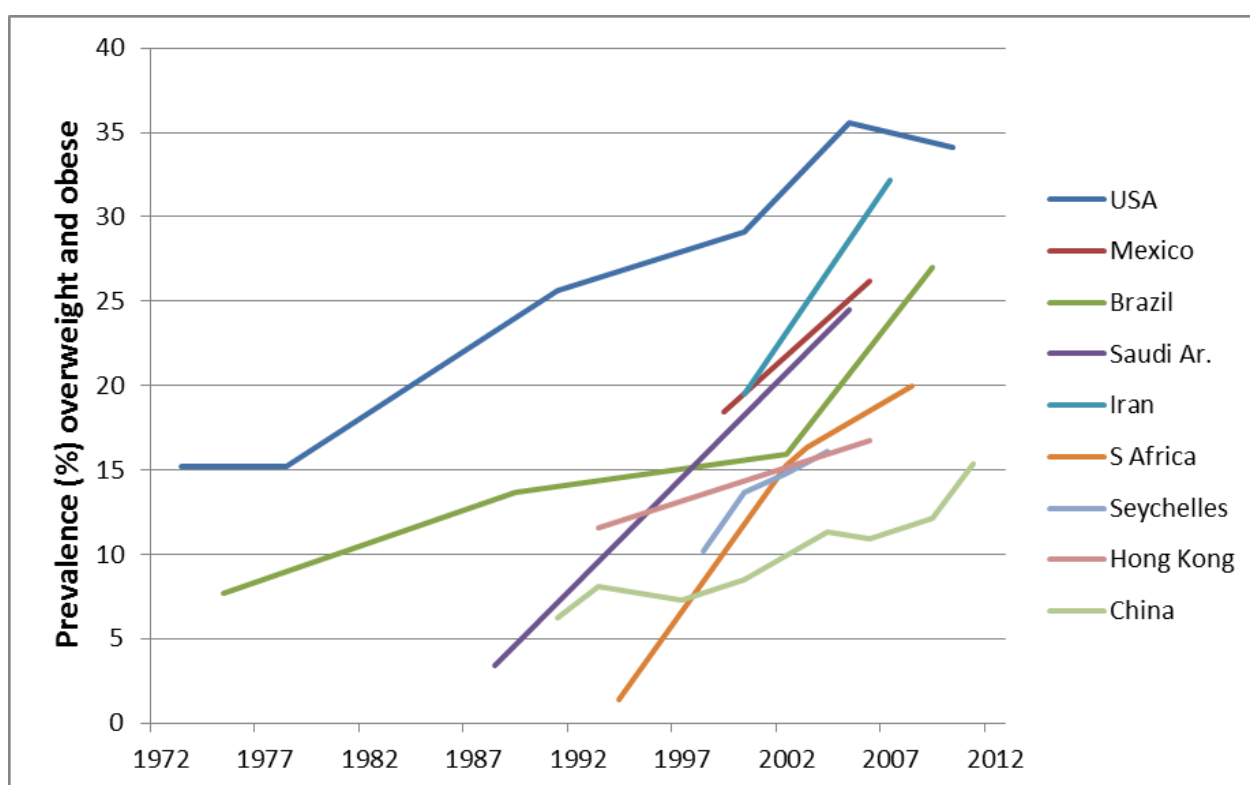
The number of adults who are obese (BMI $\geq 30\text{kg/m}^2$) worldwide now exceeds 500 million, or 10% of all adults

(WHO 2014c). A further 800 million adults are overweight but not obese (BMI 25-30kg/m²). The numbers of overweight and obese now exceed the number of underweight adults in every region of the world (Black et al. 2013). Indeed, two-thirds of the world's population live in countries where overweight and obesity kill more people than does underweight. The costs of treating the diseases that follow obesity (cardiovascular disease, diabetes, liver disease, several cancers) and the costs of lost productivity due to excess bodyweight are estimated to exceed US\$2 trillion annually (Dobbs et al. 2014), equivalent to nearly 3% of global gross domestic product (GDP). These figures are rising. These are not just problems in wealthy countries: WHO estimates that over 80% of premature deaths from NCDs occur in low- and middle-income countries (WHO 2015a).

For children, over 40 million pre-schoolers (under the age of 5 years) are overweight, and school-age children have shown rapidly increasing levels of overweight and obesity in many countries across the globe (Ng et al. 2013). Over the last 40 years, developed countries such as the United States of America, the United Kingdom and Australia, have seen a rise in child overweight from around 10% to 30%, although this now appears to be levelling off (World

Figure 1. Trends in overweight among children 5-15 years in the USA and eight developing economies

Source: World Obesity Federation (2015)



Obesity Federation 2015). In many middle-income countries, a similar rise in child overweight has occurred within a much shorter time-frame (see Figure 1); with no signs of levelling off and leading to potentially crippling effects on these countries' national economies, as the overweight children enter adulthood with early-stage chronic disease. Overweight affects even the youngest, with recent estimates suggesting that overweight prevalence among children under 5 years of age in lower-middle-income countries now exceeds the prevalence in high-income countries (WHO 2014c).

There is a further question that needs to be addressed, and this is the link between undernutrition and obesity. Research into the developmental origins of disease show an association between maternal undernutrition and a raised risk of childhood obesity (Fernandez-Twinn 2010). Low birth weight is linked to early stunting, and raises the risk of abdominal obesity and metabolic syndrome in later life (James 2002). Rapid weight gain in infancy and early childhood increases the risk of overweight and obesity in adolescence and adulthood, whereas promoting linear growth in infancy is likely to be protective against obesity and metabolic disease (Adair et al. 2013). Mild stunting, one of the commonest forms of child malnutrition, may be partly responsible for the apparent rise in childhood obesity in recent years: compared with WHO growth standards, large numbers of children in countries such as Mexico and India show normal or even below-normal weight-for-age at a population level, but these same groups show short height-for-age, and therefore give high BMIs for their age, implying, perhaps misleadingly, that they have a problem of overweight rather than under-height (Lobstein et al. 2015). If this is so, then it adds further emphasis on the need to develop comprehensive nutrition policies that promote healthy growth, rather than tackling undernutrition and obesity as if they were separate problems.

The policy response to maternal and child undernutrition has been discussed in a recent Lancet series (Bhutta et al. 2013). The authors identified the major issues that needed attention as “*women’s empowerment, agriculture, food systems, education, employment, social protection, and safety nets*” (p. 452). These are certainly important issues and anything said in the present paper should not reduce their importance. However, the phrase “food systems” in the Lancet paper is left unexplored, and the paper does not address the commercial forces shaping the

world’s food supplies. Unless we look closely at what is happening to the food supply we cannot tackle either undernutrition or overnutrition, for infants, children or adults, nor hope to reduce the rising chronic disease burden by one third before 2030. While ICN2 recognized the importance of food environments, its recommendations were largely uncritical of commercial pressures that determine food supplies, and confirmed the prevailing belief that trade policies can be conducive to fostering food security and nutrition for all “*through a fair and market-oriented world trade system*” (FAO and WHO 2014, p. 2). Any policies which aim to improve nutrition and reduce disease need to recognize that market forces – the products and the manufacturers – are not necessarily conducive to health, and left unchallenged can be a significant threat to health (Stuckler et al. 2012, Moodie et al. 2013, Grover 2014).

It is time to rethink “nutrition security”

While the post-2015 agenda clearly considers food security a major issue, further work may need to be undertaken to clarify what we mean by nutrition security, particularly moving from the supply of nutrients to the consumption of nutrients. Whereas food security focuses on the supply of food so that enough is available for a healthy diet, nutrition security needs to focus on the consumption of food so that the nutrients are biologically available for healthy growth and active living. The Committee on World Food Security (CFS) recognizes the importance of nutrition security, suggesting in its document *Coming to Terms with Terminology* (CFS 2012) four dimensions of food security (availability, access, utilization and stability) and three main determinants of nutrition security (access to food, care and feeding, and health and sanitation). However, this misses a critical point about nutrition security and the threats to it. It remains focused on the provision of goods for an adequate diet, and needs to consider the consumption of those goods, i.e. the diet actually eaten. I propose that we consider that a population, or a sub-population, or individuals, enjoy nutrition security when they have access to **and consume a nutritionally healthy diet, namely a diet that is optimal for growth and health maintenance and the prevention of later disease**. I suggest that the **determinants of nutrition** security include the determinants of food security (sustainable and adequate supplies, widespread availability, and affordable and accessible to all), but also **the determinants of con-**

sumer choice and consumption patterns, including household distribution of foods, cultural practices, education and skills, information, product labelling and persuasive marketing practices. These all determine what is actually eaten, and hence the health outcome. This broader concept of nutrition security was proposed in the WHO European Regional Office publication [Food and Health in Europe: a new basis for action](#) (WHO 2004)¹ and needs to be revisited, as it helps to ask questions about the factors that promote or impede healthy dietary behaviour, and support or undermine optimal nutrition for each individual. While nutrition security can be assessed through dietary surveys, the determinants of nutrition security, like the determinants of food security, require us to look at wider issues.

Threats to nutrition security are found in many areas, including ignorance, illiteracy, or mistaken beliefs, but one which merits special attention is the conscious use of marketing activities to encourage the consumption of foods that do not fulfil national food-based dietary guidelines, and which add to the burden of ill health. Used carefully, promotional marketing practices can support nutrition security, but equally they can, as we have seen with baby formula milk products, undermine nutrition security.

The word “marketing” covers many activities. Marketing here includes not only the promotional advertising of products, but also their distribution into markets where they were never seen before, their pricing to compete with local foods, their prominent promotion in retail stores, their attractive labelling and packaging design, and the design of the product itself (such as the use of colouring and flavouring agents). All these are part of the marketing mix which policy-makers need to appreciate and, where necessary, to tackle (Cohen and Rabinovich 2012, Cohen et al. 2014, Kessler 2009).

In order to understand the developing food markets, I examine some specific aspects in the section below.

Trends in infant food markets

In most textbooks of paediatric nutrition, the introduction of complementary foods serves a specific purpose: “the goal of introducing complementary foods is the transition from liquid diet to a well-balanced table food diet” (Akers

and Groh-Wargo 2005, p. 91) and “... it is the child’s progressive transfer from his or her initial single-food milk diet to the family diet of a mixture of many foods” (Golden 2000, p. 454).

Is this what the market supplies? Perhaps not. In recent years we have seen an extension of the problems previously seen with breastmilk substitutes: manufacturers are offering products which replace nutritious foods with less nutritious foods. In this case, they add a further problem, because commercial complementary food products may not help the transfer to a family-food diet but instead to a diet of highly processed foods. The child is weaned onto the wrong diet.

This needs clarification. If we look at recommendations for complementary feeding, we see a range of suggestions for home-produced foods and in rural communities encouragement to, for example, use foods produced and purchased locally (engaging family farmers, cultivating home gardens) (Muehlhoff 2011). In contrast, commercial complementary feeding products offered by leading multinational companies include both the more traditional protein-rich purees of meat, fish and dairy foods, but also a wide range of products which rely on starches, oils, sugars, milk powder and other ingredients purchased on the international commodity markets. These are supplemented with flavourings such as chocolate, strawberry, vanilla and banana, which perfectly match the range of foods the same companies produce for older children: breakfast cereals, snack foods, milk shakes, fruit-flavoured soft drinks and cookies. The danger is that the quality of these foods is likely to promote long-term taste preferences for less healthy foods and encourage a poor childhood diet (Garcia et al. 2012; Cogswell et al. 2015, Foterek et al. 2015).

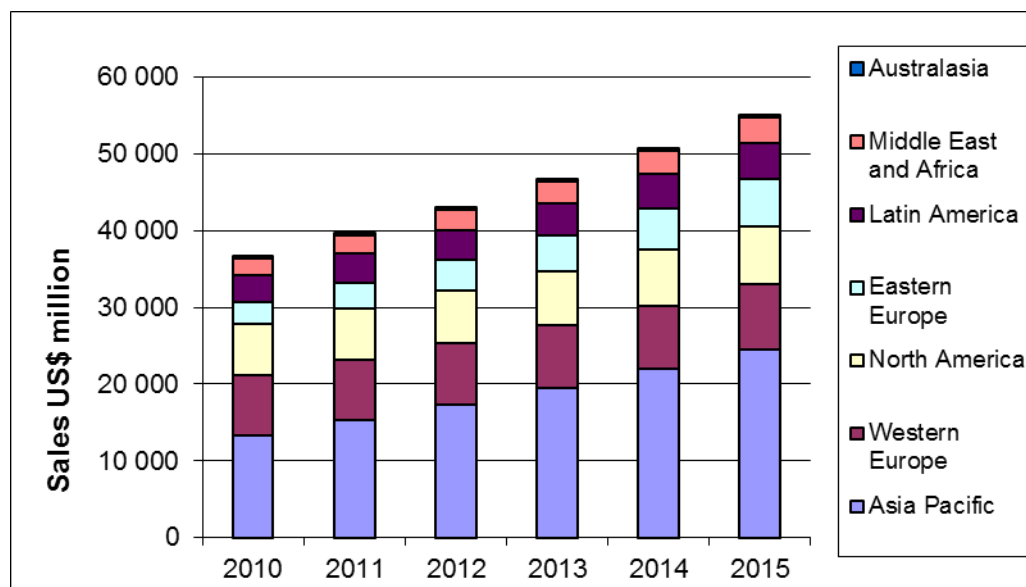
Not only are these complementary foods likely to be less nutritious than family foods, but the purchase of these widely advertised and prominently displayed products is a drain on the resources of a family on a low income, and thus threatens their ability to buy healthy foods for other children in the family.

While health promoters and food-based dietary guidelines encourage family foods in a weaning diet (Muehlhoff et al. 2011, ENN 2015), the major manufacturers are planning a different scenario. They see a massive increase in

¹ See the diagram (Fig. 3.5) on page 166 of that publication.

Figure 2. Global baby food and formula sales

Source: International Markets Bureau (2011)



their markets over the decade. Sales of formula and baby food together have seen a 50% rise globally in barely five years (see Figure 2). In Asia, the market for complementary products (excluding formula milk) has nearly trebled, to be worth over US\$3 billion a year (see Figure 3).

A survey of the quality of the labelling of complementary foods undertaken in South Africa found several major shortfalls that would undermine continued breastfeeding and encourage overconsumption (Sweet et al. 2013). Of 160 discrete complementary feeding products examined, the labels on 68% of them were difficult to read, 88% failed to state the importance of continuing to breastfeed, 51% failed to state how much should be given to an infant daily, and 17 out of 18 products for babies aged 6–9 months encouraged excessive consumption for a breastfed baby, and the same was true for 11 out of 12 products for infants aged 9–12 months.

Are children's food products showing a rush to sugar?

Surveys in developing countries around the world show the nutrition transition and its effects on children's daily diets. In Mexico, in 2012, flavoured milk beverages, sugar-sweetened soda, and high-fat milk were the top three major contributors to total daily energy intake per capita in all children aged 1–19 years (Stern et al. 2014). In the Middle Eastern region, breakfasts of poor nutritional value are common among school-children, and significant numbers are missing breakfast altogether: 32% of children in the United Arab Emirates aged 6–7 years said they

missed breakfast completely, rising to 50% among children aged 10–15 years in Bahrain, and 74% of girls in Saudi Arabia aged 12–16 years (Musaiger 2011). Children who miss breakfast are more likely to seek snacks on the way to school or during school breaks, and to have less healthy diets generally, and are at greater risk of obesity (Lazzeri et al. 2013, Patro and Szajewska 2010, Wate et al. 2013).

In Saudi Arabia, the more food that primary-aged school children (6–11 years) eat outside the home, the higher the likelihood they will be obese; among those who did not eat outside the home, 9% were obese, while among those who ate outside the home more than five times per week, 53% were obese (Amin et al. 2008). Among children in Jordan aged 4–5 years, a survey in 2002 found that more than 50% consumed carbonated sugary beverages, 71% regularly consumed biscuits and cakes, and 76% confectionery (Sayegh et al. 2002). These children also consumed a high quantity of desserts, sugar-sweetened soft drinks, and tea with sugar.

Surveys of adolescents' consumption of sugar-sweetened soft drinks in developed and developing countries show high levels of daily intake, with as many as three-quarters of children aged 13–15 years saying they have at least one such drink each day in a wide range of countries (see Table 1). These young people are moving into the peak reproductive age, when their nutritional intake should be at its optimum, but instead they are likely to be overweight or even obese in motherhood; gestational weight is a risk factor not only for maternal diabetes, but for the infant's

risk of becoming an overweight child, replicating the obesity crisis from generation to generation (O'Reilly and Reynolds 2013).

The defence and promotion of nutrition security will require political courage. National ministries of health may find dealing with multinational corporations difficult. Indeed, they may find dealing with their own ministries of finance and trade difficult, if there is any suggestion of a restriction to economic growth and investment. To overcome these obstacles, strong public health acts are needed that not only permit but also require a minister to act against threats to children's health and take precautionary measures to reduce the risk of chronic disease (Lobstein and Brinsden 2014).

The discourse of undernutrition is one which plays nicely into a justification for expanding the markets for processed food, especially food products with added fortification. But we are in a different world now. The discourse now includes excess consumption of fats, salt, sugars and overprocessed products, and for these products the message is now "eat less". This fits with improved health, with better environmental sustainability, less degrading agriculture, less atmospheric pollutants, reduced global warming – but it does not fit with continued market freedom.

Going forward

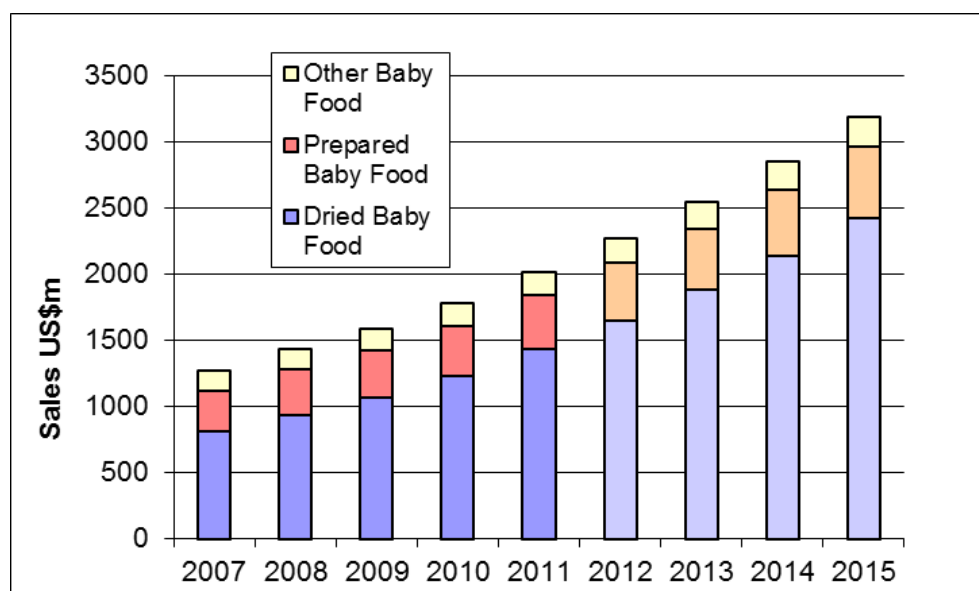
To take this forward, we have the immediate task of

bringing the progressive resolutions emerging from ICN2 to defend and promote sustainable and healthy food systems into the post-2015 sustainable development agenda, for example by having the UN General Assembly endorse the ICN2 Declaration. We need to recognize the need for better governance of food markets to defend nutrition security, to recognize the threats from commercial forces and to encourage UN Member States to be bolder in their demands for ensuring that trade and markets genuinely serve their populations' needs (Ottersen et al. 2014). We need to link nutrition security to the rights to adequate food, to health and to the protection of children (University of Oslo 2014). Such a rights-based approach provides added legitimacy for governments intending to regulate markets, and this may be further strengthened by affirmation at UN level of the need to control food markets through a convention or treaty approach (de Schutter 2011, Grover 2014).

We also need tools to support our work, such as food-based dietary guidelines and nutrient profiling models to define food products which can and cannot be advertised (WHO 2010, WHO 2015b). We need policies to ensure that attempts to regulate markets are not undermined by commercially conflicted interests exerting influence on policy-making bodies (COIC 2012). We need to explore tactics for pushing this forward as the post-2015 process unfolds: perhaps building on civil society demands for global charters or conventions for the promotion and protection of healthy diets (World Obesity Federation 2014).

Figure 3. Baby food sales in the Asia Pacific region

Source: International Markets Bureau (2011)



Note: Years 2012–2015 are estimates.

Table 1. Proportion of adolescents 13-15 years drinking one or more servings of carbonated soft drinks daily

Source: World Health Organization (2014d)

Country	Boys	Girls
Barbados	75%	72%
Bolivia	63%	63%
Egypt	60%	51%
Ghana	54%	58%
Jamaica	75%	71%
Kuwait	75%	74%
Maldives	36%	31%
Pakistan	28%	49%
Peru	55%	53%
Samoa	55%	53%
Tonga	55%	58%
United States	32%	31%
Canada	16%	11%
England	43%	39%
France	33%	27%
Greece	15%	9%

We also need to keep up the discourse, through measuring, monitoring and holding governments and companies to account (INFORMAS 2015). These are the steps towards a sustainable and healthy agenda for the generations to come.

References

- Adair LS, Fall CHD, Osmond C et al. (2013) Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: findings from five birth cohort studies. *Lancet*, 382, pp. 525–34.
- Akers S and Groh-Wargo S (2005) *Normal Nutrition During Infancy*. In Samour PQ and King K (eds.) *Handbook of Paediatric Nutrition*, 3rd edition. Sudbury: Jones & Bartlett.
- Amin TT, Al-Sultan AI, and Ali A (2008) Overweight and obesity and their association with dietary habits, and sociodemographic characteristics among male primary school children in Al-Hassa, Kingdom of Saudi Arabia. *Indian Journal of Community Medicine*, 33, pp. 172–81.
- Bhutta Z, Das J, Rizvi A, Gaffey M, Walker N, Horton S, Webb P, Lartey A, and Black R for the Lancet Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group (2013) Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet*, 382, pp. 452–477.
- Black R, Victora C, Walker S, Bhutta Z, Christian P, de Onis M, Ezzati M, Grantham-McGregor S, Katz J, Martorell R, Uauy R, and the Maternal and Child Nutrition Study Group (2013) Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*, 382 (9890), pp. 427–51.
- CFS (2012) *Coming to Terms with Terminology* (CFS 2012/39/4). Rome: Committee on World Food Security. ([online](#))
- Cogswell ME, Gunn JP, Yuan K, Park S and Merritt R (2015) Sodium and Sugar in Complementary Infant and Toddler Foods Sold in the United States. *Pediatrics* Feb 2 (epub ahead of print).
- Cohen D and Rabinovich L (2012) Addressing the proximal causes of obesity: the relevance of alcohol control policies. *Prev Chronic Dis*, 9, E94.
- Cohen DA, Collins R, Hunter G et al. (2014) Store Impulse Marketing Strategies and Body Mass Index. *Am J Public Health*, 18, pp. e1–e7.
- COIC (2012) Statement of Concern. Conflicts of Interest Coalition. ([online](#))
- De Schutter O (2011) *Report submitted by the Special Rapporteur on the right to food, Olivier De Schutter*. UN General Assembly, Human Rights Council 26 December 2011. Document A/HRC/19/59. ([online](#))
- Dobbs R, Sawers C, Thompson F et al. (2014) *How the world could better fight obesity*. London: McKinsey Global Institute. ([online](#))
- ENN (2015) *Online document repository*. London: Emergency Nutrition Network. ([online](#))
- Food and Agricultural Organization (FAO) and World Health Organization (WHO) (2014) *Conference Outcome Document: Rome Declaration on Nutrition*. Second International Conference on Nutrition, Document ICN2 2014/2. Rome. ([online](#))
- Fernandez-Twinn DS, Ozanne SE (2010) Early life nutrition and metabolic programming. *Annals of the New York Academy of Sciences*, 1212, pp. 78–96.
- Foterek K, Hilbig A, Alexy U (2015) Associations between commercial complementary food consumption and fruit and vegetable intake in children. Results of the DONALD study. *Appetite*, 85, pp. 84–90.
- García AL1, Raza S, Parrett A, Wright CM (2012) Nutritional content of infant commercial weaning foods in the UK. *Arch Dis Child*, 98, pp. 793–7.
- Golden BE (2000) *Infancy, childhood and adolescence*. In Garrow JS, James WPT and Ralph A (eds) *Human Nutrition and Dietetics*, 10th edition. Edinburgh: Churchill Livingstone.

Grover A (2014) *Right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. UN General Assembly 11 August 2014. Document A/69/299. ([online](#))

INFORMAS (2015) The International Network for Food and Obesity / non-communicable diseases Research, Monitoring and Action Support. ([online](#))

Internal Markets Bureau (2011) *Global Pathfinder Report: Baby Food Market Indicator Report*. Ottawa: Agriculture and Agri-Food Canada.

James WPT (2002). Will feeding mothers prevent the Asian metabolic syndrome epidemic? *Asia Pacific Journal of Clinical Nutrition*, 11 (S3), pp. S516-23.

Kessler DA (2009) *The end of overeating*. New York: Rodale Inc.

Lazzeri G, Pammolli A, Azzolini E et al. (2013) Association between fruits and vegetables intake and frequency of breakfast and snacks consumption: a cross-sectional study. *Nutrition Journal*, 12, p. 123.

Lobstein T and Brinsden H (2014) Symposium report: the prevention of obesity and NCDs: challenges and opportunities for governments. *Obesity Reviews*, 15, pp. 630–9.

Lobstein T, Jackson-Leach R, Moodie MI et al. (2015) Child and adolescent obesity: part of a bigger picture. *Lancet*, doi:10.1016/S0140-6736(14)61746-3.

Moodie R, Stuckler D, Monteiro C, et al. (2013) Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet*, 381, pp. 670–79.

Muehlhoff E, Dirorimwe C, Huang S et al. (2011) *Complementary feeding for Children Aged 6-23 Months: A Recipe Book for Mothers and Caregivers*. Rome: FAO. ([online](#))

Musaiger AO (2011) Overweight and Obesity in Eastern Mediterranean Region: Prevalence and Possible Causes. *Journal of Obesity* doi: 10.1155/2011/407237. Epub 2011 Sep 18.

Ng M, Fleming T, Robinson M et al. (2014) Global, regional, and national prevalence of overweight and obesity in children and adults during 1980-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*, 384, pp. 766-81.

Open Working Group for Sustainable Development Goals (OWG) (2014) Proposal for Sustainable Development Goals. Outcome Document, Draft dated 19 July 2014. ([online](#))

O'Reilly JR, Reynolds RM (2013) The risk of maternal obesity to the long-term health of the offspring. *Clin Endocrinol (Oxf)*, 78, pp. 9-16.

Ottersen OP, Dasgupta J, Blouin C (2014) The political origins of health inequity: prospects for change. The Lancet – University of Oslo Commission on Global Governance for Health. *Lancet*, 383, pp. 630-67.

Patro B, and Szajewska H (2010) Meal patterns and childhood obesity. *Curr Opin Clin Nutr Metab Care*, 13, pp. 300-4.

Sayegh A, Dini EL, Holt RD and Bedi R (2002) Food and drink consumption, sociodemographic factors and dental caries in 4-5-year-old children in Amman, Jordan. *British Dental Journal*, 193, pp. 37–42.

Stern D, Piernas C, Barquera S, Rivera JA, Popkin BM (2014). Caloric beverages were major sources of energy among children and adults in Mexico, 1999-2012. *Journal of Nutrition*, 144, pp. 949-56.

Stuckler D, McKee M, Ebrahim S, Basu S (2012) Manufacturing epidemics: the role of global producers in increased consumption of unhealthy commodities including processed foods, alcohol, and tobacco. *PLoS Med*, 9, e1001235.

Sweet L, Jerling J, Van Graan A (2013) Field-testing of guidance on the appropriate labelling of processed complementary foods for infants and young children in South Africa. *Maternal and Child Nutrition*, 9 (Suppl. 1), pp. 12–34.

University of Oslo (2014) *Food corporations and human rights*. A Conference Statement. Oslo: University of Oslo ([online](#))

Wate JT, Snowdon W, Millar L et al. (2013) Adolescent dietary patterns in Fiji and their relationships with standardized body mass index. *Int J Behav Nutr Phys Act*, 10:45.

World Health Assembly (2014) *Prevention and control of noncommunicable diseases*. Report by the Secretariat. Sixty-Seventh World Health Assembly. Paper A67/14 ([online](#))

World Health Organization (WHO) (2004) *Food and health in Europe: a new basis for action*. WHO Regional Publications, European Series, No 96. Copenhagen: WHO Regional Office for Europe. ([online](#))

WHO (2010) *Nutrient Profiling*. Geneva: WHO. ([online](#))

WHO (2014a) *Global Monitoring Framework for NCDs*. Target 7: Halt the rise in obesity. Geneva: WHO. ([online](#))

WHO (2014b) *WHA Global Nutrition Targets 2025*. Childhood Overweight Policy Brief. Geneva: WHO. ([online](#))

WHO (2014c) *Obesity and Overweight*. Fact Sheet 311. Geneva: WHO. ([online](#))

WHO (2014d) *Reducing consumption of sugar-sweetened beverages to reduce the risk of childhood overweight and obesity*. e-Library of Evidence for Nutrition Actions (eLENA). Geneva: WHO. ([online](#))

WHO (2014e) *Global status report on noncommunicable diseases 2014*. Geneva: WHO. ([online](#))

WHO (2015a) *Noncommunicable diseases*. Fact sheet. Geneva: WHO. ([online](#))

WHO (2015b) *Nutrient profile model*. Copenhagen: WHO Regional Office for Europe ([online](#))

World Obesity Federation (2014) *Global Convention for Healthy Diets*. London: World Obesity Federation. ([online](#))

World Obesity Federation (2015) *Online data portal*. London: World Obesity Federation. ([online](#))

UN Interagency Task Force on the Prevention and Control of Noncommunicable Diseases



The [United Nations Interagency Task Force on the Prevention and Control of NCDs](#) (UN IATF), established by UN Secretary-General Ban Ki-moon in June 2013 and placed under the leadership of the World Health Organization (WHO), is coordinating the activities of UN and other intergovernmental organizations to support the realization of the commitments made by Heads of State and Government in [the 2011 Political Declaration on NCDs](#), in particular through the implementation of the [WHO Global NCD Action Plan 2013–2020](#). The UNSCN is member of this active task force.

The [Task Force's terms of reference](#) were adopted by ECOSOC in July 2014. The latest report of the WHO Director-General on the work of this UN IATF is available [here](#) and [here](#). It will be considered by Member States at the UN General Assembly in New York on 9 June 2015 under the

ECOSOC agenda item entitled “Coordination, programme and other questions”, sub-item “Prevention and control of NCDs”.

Harnessing social protection to address malnutrition

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Malnutrition brings huge human and economic costs. The effect of malnutrition on physical stature, cognitive development, and on the ability to do physical work can lock children and their families into poverty and entrench inequality. Experience with the Millennium Development Goals (MDGs) showed that children in the poorest 20% of households are twice as likely to be stunted as children in the richest 20% of households (UNICEF 2010). As we near agreement on the much anticipated Sustainable Development Goals (SDGs), one thing is clear: the new goals must leave no child behind. Social protection provides a key, yet currently underutilized, policy solution. With the aim to promote investments to improve child nutrition and be an active tool for income distribution towards inclusive economic growth, this article demonstrates the potential of social protection for addressing malnutrition, drawing on Bangladesh as a case study.

Nutrition-sensitive social protection in the post-2015 era

By 2030, we could live in a world free from extreme poverty, in which all children have equal chances to survive and reach their full potential. [New research](#) shows that pursuing an equitable pathway to reducing child mortality is associated with 6% faster progress over the course of ten years¹ (Save the Children 2015a). Yet inequality is a growing worldwide concern. In 2014, just 80 people had a collective wealth of US\$1.9 trillion, while nearly a billion people can barely afford to feed their families. If current trends continue, the richest 1% will accumulate more than 50% of the world's wealth by 2016 (Oxfam 2015).

Inequality is not only manifested in terms of financial resources. It has long been acknowledged that too many people have been left behind under the Millennium Development Goal (MDG) framework, particularly poor and marginalized children, simply because of where they live and the circumstances in which they are born (Save the

Children 2015a). For nutrition, countries with a higher stunting prevalence tend to have larger socioeconomic inequalities. The reduction in stunting rates since 1990 has not seen these inequalities grow, but they have also not narrowed. Instead, the picture for nutrition is one of strong persistence of existing inequalities (Bredenkamp 2014).

Undernutrition is estimated to be the underlying cause of 45% of deaths of children under 5 (Black et al. 2013). A child's chances of survival should not depend on where it is born, how wealthy its parents are, or its ethnic identity. Yet across the world, these factors continue to determine whether a child lives to celebrate his or her fifth birthday – factors which, for the child, are purely a matter of chance. This unfair lottery of birth violates every child's right to an equal start in life (Save the Children 2015a).

One thing is clear about the much anticipated Sustainable Development Goals (SDGs): they must leave no child behind. Under the new framework, this will require progress for those furthest behind to accelerate, against a back-

¹ Calculations are based on countries' progress over the most recent 10 year period for which data is available.

drop of improvement for all. Systematic disparities in children's life chances across health, education and other human development spheres must close (Save the Children 2014a). For nutrition, the progress against the MDGs has seen children in rural areas 1.5 times more likely to be stunted than children in urban areas, and children in the poorest 20% of households twice as likely to be stunted as children in the richest 20% (UNICEF 2010).

While economic growth can help reduce malnutrition, boosting an economy is not enough to rid a country of malnutrition. The exact policies required to advance equal life chances for children are context- and sector-specific. Nutrition is a multidimensional issue. Access and availability of food, maternal and child caring practices, health and sanitation services, combined with micronutrient supplementation and nutrition education are all fundamental elements contributing to nutrition status. For this reason nutrition is a multisectoral issue where each sector has a different role and objectives, yet these roles and objectives vary according to the profile and drivers of inequality in each country and for each disadvantaged group. In addition, in all countries it is critical to ensure that disadvantaged groups can access and use good quality public services and social protection systems that meet their needs. Within the nutrition community, the need for a combination of nutrition-specific and nutrition-sensitive approaches is well versed. Yet, despite increasing evidence of the potential of social protection to improve child nutrition and to be an active tool for income distribution towards inclusive growth, social protection is an arguably underutilised, key policy solution for improved nutrition.

Both social protection and nutrition are prominent on the international development agenda, supported by a series of high-level recommendations and commitments. Importantly, the International Labour Organization's (ILO) [Social Protection Floor Recommendation](#) (ILO 2012) expresses commitment for building comprehensive social security systems and prioritizing the establishment of national "floors" accessible to all in need, and the recent [Rome Declaration](#) from the Second International Conference on Nutrition (ICN2) stresses the importance of integrating nutrition objectives in social protection programmes (FAO and WHO 2014).

Under the [Open Working Group's proposed SDGs](#), social protection sits prominently under SDG1: *"End poverty in*

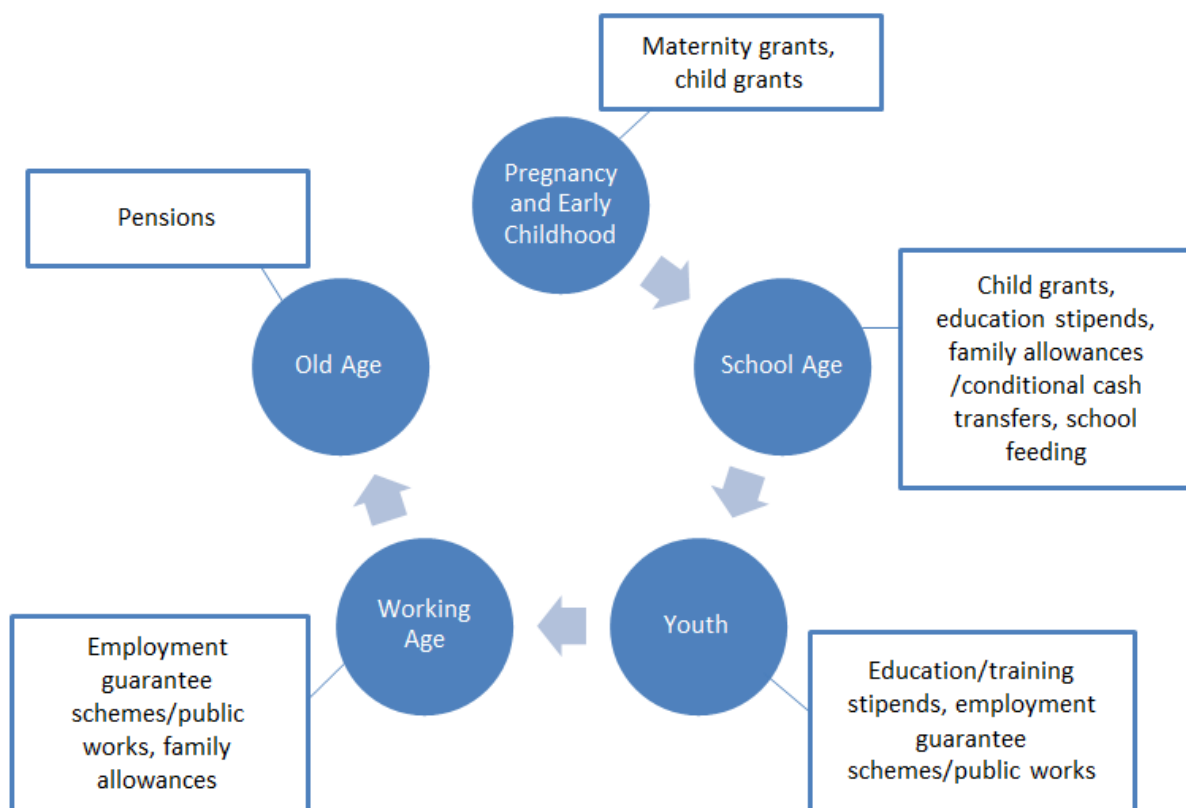
all its forms everywhere", articulated by the target 1.3: *"Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable"* (p. 7). It is embedded further through the health goal (target 3.8) in relation to universal health coverage; through the gender goal (target 5.4) for social protection policies to recognize and value unpaid care and domestic work; and through the inequality goal (target 10.4) for social protection policies to support progressive achievement of greater equality (OWG 2014).

Many nutrition specialists are calling for greater integration of nutrition-sensitive approaches in the SDGs (ICAN 2015). Specifically, nutrition-sensitive approaches in social protection, agriculture, health (preventable child mortality) and education (ensure children start school ready to learn) should be highlighted for their contributions to multiple SDGs, including SDG2 on ending hunger, achieving food security and improved nutrition and promoting sustainable agriculture (Save the Children, 2014b). The SDGs provide the opportunity not only to recognize the importance of strengthening national-level capacity, and of approaching nutrition multisectorally, but also the value of social protection programmes in helping to deliver such an approach (ICAN 2015).

How does social protection improve nutrition?

Nutrition-sensitive social protection refers to the interventions or programmes within social protection policies and systems that integrate a nutrition objective and address the underlying determinants of foetal, young child and adolescent growth and development. These interventions may include: food security; adequate feeding practices and care-giving resources at maternal, household and community levels; access to health services and a safe, hygienic environment; and specific nutrition goals and actions.

Malnutrition is both a result and a cause of poverty. In all its forms, malnutrition is largely concentrated among the poorest and most vulnerable in society. It has a particularly detrimental impact on women and children. The 1000-day period between a woman's pregnancy and her child's second birthday is a critical time for a child's physical and cognitive growth. During this period, malnutrition affects the structural and functional development of the brain,

Figure 1. Social protection instruments across the lifecycle

directly affecting cognitive development. It also has an indirect impact, affecting the ways children learn and their ability to interact and engage with the world. Good maternal nutrition is essential: pregnant or breastfeeding mothers who cannot access the right nutrients are more likely to have children with compromised brain development and poor cognitive performance. Once the child is born, nutrition continues to play a key role in ensuring that the brain develops properly (Save the Children 2015b).

The effects of malnutrition on physical stature, cognitive development and the ability to do physical work can lock children into poverty and entrench inequality. Malnutrition can therefore act as a significant barrier to economic growth. According to the World Bank (2006), eliminating anaemia in working adults results in a 5–17% increase in adult productivity, increasing the national income growth by up to 2%.

Furthermore, social protection is a mechanism through which human rights can be realized and a means for states to protect their most vulnerable citizens.² It is a set of accountable public policies, programmes and systems that address poverty, vulnerability and exclusion, and

provide the means to cope with major risks throughout the lifecycle, as demonstrated in Figure 1 (Save the Children 2015b).

Nutrition-sensitive social protection programmes can help tackle both the immediate and the underlying causes of malnutrition by reducing vulnerability, removing discrimination and exclusions, protecting productive assets, ensuring that basic needs can be met, and securing access to a nutritious diet. Improved diets can be achieved, for example, through increased ability to purchase food as a result of cash transfers, directly via food transfers or school feeding programmes (FAO – in press), and vulnerability can be reduced as families ability to cope with shocks is improved through support systems that can be scaled up as required.

Social protection interventions or programmes can also support nutrition efforts by serving as delivery platforms for wider and more comprehensive nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness. Improved access of health services can be achieved, for example, through conditional cash transfers or integrated behaviour change activities that encourage the use of health services and/or enable house-

² This is confirmed in the [Universal Declaration of Human Rights](#), the [UN Convention on the Rights of the Child](#), the [International Labour Organization's Constitution](#) and several legal instruments on social security.

holds to access hygiene items and safe water (FAO, in press).

Impacting the underlying causes: the pathways approach

At the most immediate level, nutritional status depends on nutrition being available and affordable, and upon a person's ability to absorb it. In part, nutrition depends upon household access to food and on caregivers' awareness of nutrition and their ability to provide it to children. At the same time, a person's ability to absorb nutrients is linked to their health status, which is partly a function of environmental determinants of health, such as access to clean water and developed means of sanitation.

Social protection, as a nutrition-sensitive approach, has been shown to have an impact on nutrition outcomes by addressing the underlying causes of inadequate nutrition (manifesting at household and community levels) through three main pathways, as illustrated in Table 1 (World Bank 2013).

Several countries have improved nutrition through social protection. The pilot of the Malawi's Mchinji Social Cash Transfer Scheme achieved impressive reductions in stunting, which fell from 55% to 46% in one year (ODI 2013). Similarly, Bangladesh's SHOUHARDO social food

transfer programme saw stunting rates among children aged 6–24 months fall from 56.1% to 40.4% in beneficiary households (CARE 2012, Smith 2013). Achievements in wasting are also notable, as Colombia's *Familias en Acción* conditional cash transfer programme illustrates, with an average increase of 0.58 kg of birthweight for newborn babies in urban areas attributed to better nutrition during pregnancy (Attanasio et al. 2005).

Social protection, poverty and inequality

Social protection has emerged as a major focus in efforts to reduce and prevent poverty, promote equality and address social exclusion worldwide. This is the result of growing recognition of the positive impact that social protection systems can have on poor and vulnerable people, countering deprivation and reducing vulnerability to global challenges such as economic shocks, instability in the price of food or other essential commodities, and climate change.

According to ILO, there is a distinct relationship between higher levels of public social protection expenditure and lower levels of inequality. Social protection provides a channel through which governments can redistribute income and resources and share the benefits of growth. It promotes inclusive growth, allowing people to contribute

Table 1. Social protection and nutrition outcomes

Source: developed from Smith and Haddad (2014)

Pathway	Importance	How social protection helps
HOUSEHOLD FOOD SECURITY <ul style="list-style-type: none"> Diet quality Quantity of food available Economic vulnerability 	Assured access to and consumption of enough nutritious food for living an active and healthy life	Improving income, food availability and increasing assets
CARING PRACTICES FOR WOMEN AND CHILDREN <ul style="list-style-type: none"> Women's education Empowerment Infant and young child feeding Health-seeking behaviours 	Pregnancy and lactation are critical junctures for quality care and support	Targeting nutritionally vulnerable populations through the 1000-days approach ³
HEALTH ENVIRONMENT AND SERVICES <ul style="list-style-type: none"> Access to shelter Access to and use of good-quality health services Access to and use of safe water Access to and use of sanitation facilities for disposing of human waste 	Conditions children's exposure to pathogens and the use of preventive and curative healthcare	Promoting improvement, access and delivery of health and sanitation services

³ The 1000-day period between a woman's pregnancy and her child's second birthday.

to and benefit from economic growth (World Bank 2009).

Social protection has the ability to lift people out of poverty and also reduce the depth of poverty (ILO 2014). Success examples include:

- In South Africa, non-contributory grants have reduced the poverty gap by more than one-third (Woolard, Harttgen and Kalsen 2010).
- Mexico's *Oportunidades* cash transfer programme has reduced the number of people living in poverty by 10% and the poverty gap by 30% (Skoufias 2001).
- Social transfers and taxation have reduced poverty by more than 50% in most European countries (ILO 2014).

Social protection is a key policy tool for supporting equity and contributing to a fairer distribution of resources across the world, mainly through the redistribution of national resources. In Brazil, the social protection programmes *Bolsa Família* (cash transfer for low-income families, pregnant and lactating mothers and adolescents) and the Continuous Cash Benefit (*Benefício de Prestação Continuada*—BPC, unconditional cash transfers targeting individuals of any age with severe disabilities and the elderly over 65 years) are credited with being jointly responsible for 28% of the fall in Gini⁴ inequality between 1995 and 2004 (7% due to the BPC and 21% due to *Bolsa Família*) (IPC 2006). Similarly, South Africa's comprehensive system of social transfers is estimated to have reduced the country's Gini coefficient by three percentage points, approximately doubling the share of national income that the poorest 20% receive (Samson et al. 2004). Through the provision of transfers of money or in-kind resources, social protection not only directly addresses resource inequalities but also addresses the economic and social barriers that prevent access to services and wider economic opportunities. Social protection interventions bring long-term benefits, not only for the individual but also for national economic and social development (DFID et al. 2009).

Despite a growing international recognition of the impact of social protection, there is still some reluctance on the part of governments to invest funds to develop social protection systems to address the drivers of poverty, and

specifically, those that will effectively tackle malnutrition. Governments must recognize the value of social protection as a “hand up, not a hand out” for individual beneficiaries and national prosperity. Country-level research on the nutritional impact of social protection programmes must be undertaken to identify the best approaches that meet nutritional objectives and, therefore, will lead to appropriate social protection interventions that are given highest priority even (or even more so) in resource poor environments. This should be accompanied by targeted policy and advocacy activities.

Save the Children is leading a project to support national nutrition-sensitive social protection policy development. It is doing this through better-equipping nutrition experts with an understanding of the potential of social protection and how it can lead to better outcomes for nutrition; and increasing civil society advocacy capacity through the Scaling Up Nutrition (SUN) Movement to influence governments to develop and shape national nutrition-focused social protection programmes that positively impact children. Resulting best practice and recommendations for the development of nutrition-sensitive social protection are then to be shared globally. Bangladesh was prioritized by Save the Children and SUN as the first focus country, due to its high burden of malnutrition and timely policy opportunities, including the current reform of the National Social Security Strategy and the drafting of the Government of Bangladesh's Seventh Five-Year Plan.

Case study: harnessing social protection for the most vulnerable in Bangladesh

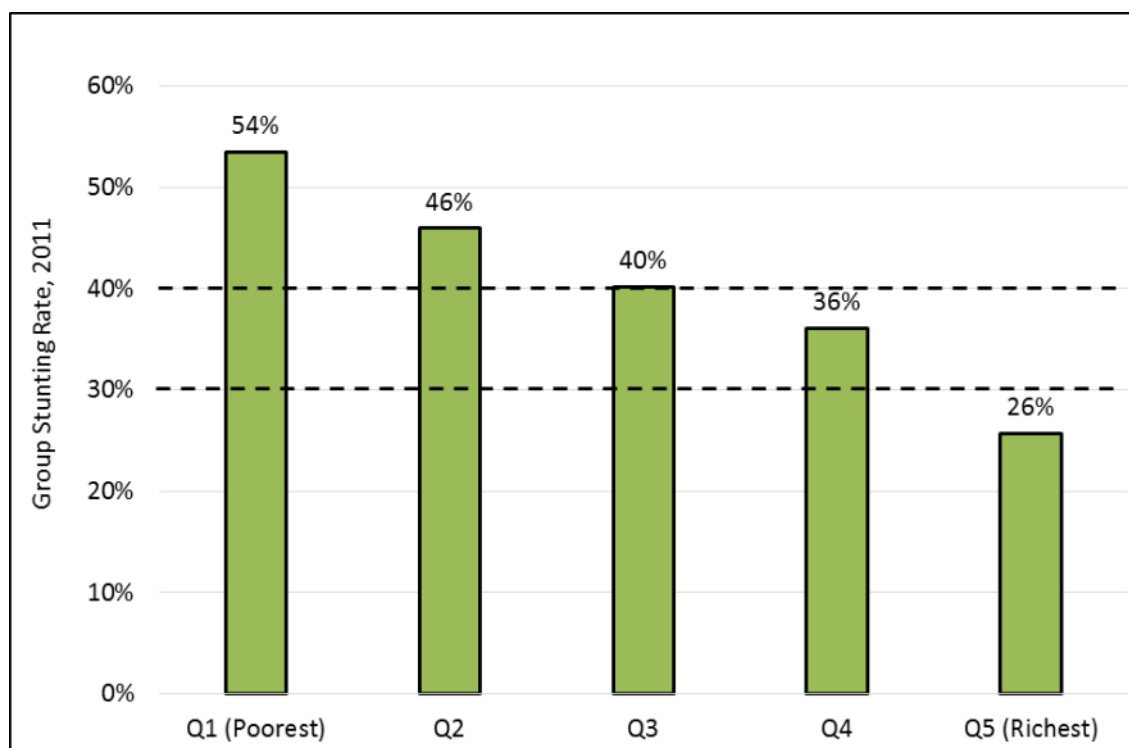
Social protection is far from the norm for most people in the world: 73% of the world's population is covered partially or not at all by social protection programmes (ILO 2014a). In Bangladesh, in 2010, the social protection system reached just 35% of those living below the poverty line (Kidd and Khondker 2013).

Despite this low coverage, Bangladesh has made progress with eradicating extreme poverty under MDG1 (Eradicate Extreme Poverty and Hunger), with a sustained gross domestic product (GDP) growth rate of 6% or above in recent years. This growth is correlated with improvements in increased life expectancy and a lower fertility rate – quite some feat for a country with one of the world's

⁴ Gini index measures the extent to which the distribution of income or consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution. See more on the [World Bank's](http://www.worldbank.org) website.

Figure 2. Bangladesh stunting rates in 2011, by wealth group quintile

Source: Save the Children own calculation based on the Demographic Health Survey of Bangladesh (2011)



highest population densities. The result for Bangladesh was poverty reduction from 56.7% in 1991–1992 to 31.5% in 2010, and early achievement of the MDG target of halving the population living below the poverty line (from 56.7% to 29.0%) in 2012. Yet, arguably, if social protection coverage had been higher, results might have been even greater. While Bangladesh has demonstrated capacity in relation to poverty reduction, attaining food security and nutritional well-being remains a challenge. Reducing income inequality and the low economic participation of women are also highlighted as major concerns (UNDP 2013).

Rates of malnutrition in Bangladesh are among the highest in the world, with 6 million children estimated to be chronically undernourished (Save the Children 2015b). The decline in stunting seen previously, from 60% in 1997 to 41% in 2011, now appears to be slowing down (DHS 2011, Save the Children 2015b). Policies and practice in Bangladesh need to have a greater focus on nutrition (Ruel, Alderman and the Maternal and Child Nutrition Study Group 2013) at larger scale and across different sectors, in order to accelerate progress on tackling the country's substantial malnutrition burden of 41% stunting and 16% wasting (DHS 2011), across a population of 156.5 million people (UN 2013).

Wealth group quintiles Q1–Q4 have stunting rates over 30%, and for wealth group quintiles Q1–Q3 stunting reaches over 40% (Figure 2). Strikingly, a significant drop in stunting rates is not seen until quintile Q5, or specifically the top 10% by wealth (Save the Children 2015b). Therefore, the narrowly targeted poverty programme, as currently proposed in the National Social Protection Strategy, is not going to sufficiently address chronic malnutrition. Social protection carries the capacity to improve nutrition for all, while targeting the most vulnerable groups. The coverage of social protection programmes should be increased, moving towards a universal approach.

Poverty and inequality are basic drivers of malnutrition in Bangladesh. The gap between the poorest and the richest groups in relation to malnutrition is significant, at 28% (Save the Children 2015b), and must be addressed. Undernutrition is closely linked to poverty in the country, which is widespread and affects the bottom and middle wealth quintiles. The ability to afford a nutritious diet is limited to the wealthier sections of Bangladesh's society (Save the Children 2015b).

Bangladesh's current social protection system is fragmented and ineffective (Kidd and Khondker 2013). As the Government of Bangladesh leads a significant reform of its National Social Security Strategy, harnessing the po-

tential of social protection for nutrition is vital. A tangible opportunity is available for the development of nutrition-sensitive social protection to significantly improve nutrition in Bangladesh.

Save the Children conducted analysis of the causal pathways of malnutrition to inform the design of social protection in the country. The results demonstrate the importance of a multifaceted, country-specific analysis; a focus on long-term gain; and integrated programmes that consider a number of the nutrition pathways for policy-makers, programme designers and implementers internationally.

A number of issues underpin Bangladesh's high levels of malnutrition and are noted in the following sections. As the country's population continues to increase, the number of people who are malnourished will rise unless these drivers are sustainably addressed.

Caring practices for women and children emerges from the analysis as the most critical pathway in Bangladesh, due to the vitality of women's empowerment (see Table 1 for the rationale of the pathways). Despite progress illustrated by successful family planning and a drastic drop in fertility rates since 1971, women in Bangladesh still have a lower social status than men. This is deeply embedded in cultures and traditions that place greater value on men and boys, and view girls and women as social and economic burdens. Women's status continues to remain low from one generation to the next because of a preference for sons and because daughters have less access to food, health services and education opportunities. There are also issues related to mobility, decision-making and access to resources. Women are a vital part of the solution for improving nutrition in the country.

Bangladesh has one of the highest rates of child marriage below the age of 15 in the world (Girls Not Brides 2014), illustrating how much more needs to be done to empower women and adolescent girls. Girls who marry young typically give birth at younger ages, increasing the risk of less than optimal intrauterine growth, leading to stunting at birth. With around 20% of babies in Bangladesh born stunted (Save the Children 2015b), half of all stunting in children under 5 years of age occurs before birth.⁵ Child marriage also leads to adolescent girls dropping out of school and restricts their social development. It perpetu-

ates an unequal society, increasing female vulnerability. Almost a third of girls aged 10–18 years are stunted (FSNSP 2011). Child marriage, early pregnancy and stunting at birth are critical points for malnutrition across the lifecycle. Empowering women and targeting adolescent girls for nutrition-sensitive social protection in Bangladesh is a clear priority.

A well-designed social protection system is a sustainable, cost-effective, nutrition-sensitive approach. It offers a high return on investment, as every dollar (US\$) invested in programmes to reduce stunting in Bangladesh generates US\$17.9 to US\$18.4 in economic returns (Hoddinott et al. 2013).

The irreversible, lifelong consequences of malnutrition for a child's physical and cognitive development bring huge human and economic costs. Malnutrition costs Bangladesh an estimated 2–3% of its national income, due to its long-term impact on productivity (Save the Children 2014c). Stunting during childhood for poor children may lead to late enrolment in school, which in turn may lead to poor education outcomes and 20% less earning power than children who complete their education (Grantham-McGregor 2007). **These lifelong impacts, alongside persistently high rates of undernutrition, cost the country an estimated US\$1 billion a year, or more than Bangladeshi taka (BDT) 75 billion⁶ in lost economic productivity** (FAO 2012).

Increased investment of domestic funds is required. Bangladesh's public social protection and health expenditure (2010–2011) at 2.69% of GDP is significantly lower than the regional average of 5.3% for Asia and the Pacific. Average social protection and health expenditure globally is 8.6% of GDP, although Western Europe invests significantly more at 26.7% GDP (ILO 2014). Despite economic evidence to support nutrition investment, the national costed nutrition plan (SUN 2014) estimates a financing gap of US\$5 billion over five years for nutrition interventions (approximately BDT 379 billion⁶). It is essential to find domestic fiscal space for critical economic and social investments, such as nutrition-sensitive social protection, if sustained and equitable development is to be achieved (ILO 2014).

The options for financing social protection include: reallocating public expenditure, increasing tax revenues, ex-

⁵ Based on "20% stunting at 0 month" statistic as half of the 41% national stunting rate in children under 5 (DHS 2011).

⁶ Based on exchange rate of US\$1 being equal to BDT 75.8, current on 5th December 2012.

tending social security contributions, borrowing or restructuring existing debt, curtailing illicit financial flows, drawing on increased aid and transfers, tapping into fiscal and foreign exchange reserves, and/or adopting a more accommodating macroeconomic framework (Hujo and McClanahan 2009, Duran-Valverde and Pacheco 2012, Ortiz and Cummins 2012).

Developing social protection across the lifecycle, with a greater focus on nutrition behaviour change, adolescent girls, early marriage, empowering women and the 1000-day window of opportunity, will help shape healthier and more prosperous futures for everyone in Bangladesh. Positive outcomes for nutrition are most likely when social protection systems consider children's needs from the outset.

A large number of social protection programmes in the country have the potential to be strengthened for nutrition, requiring little additional expenditure. Gains can be made by changing selection criteria and ensuring that behaviour change communication, awareness-raising and income-generating activities are as nutrition-sensitive as possible. It must also be supported by a strong governance system with high-level political commitment and leadership, and the integration of nutrition across a multi-sector environment.

Global design recommendations for nutrition-sensitive social protection

Drawing upon the Bangladesh case study and utilizing broader programme evaluation and experience in delivering social protection programmes worldwide, Save the Children (2015b) recommends a number of steps to be taken to increase the positive impact that social protection programmes can have on nutrition.

In the short term, food security and wasting can be addressed quite effectively through cash or food transfers. However, to impact stunting rates, long-term integrated programmes that consider a number of the nutrition pathways are required.

The development of nutrition-sensitive social protection internationally should include the following key steps:

- Assess the **context** across nutrition **pathways** to **identify country/context-specific priorities**.
- Include nutrition as an **explicit objective**, with clearly

defined nutrition outcomes and progress indicators in the initial policy and programme design process.

- Ensure **programme lifespan** is long enough for expected impact to occur.
- **Evaluate** a range of **pathway indicators** to assess success against undernutrition reduction and to inform development strategies.
- Integrate within broader food and nutrition security strategies **and** include **nutrition objectives in social protection, health, education and agriculture long-term investment plans**.

The design, implementation and evaluation of nutrition-sensitive social protection policies and programmes can be informed by a set of global recommendations (Table 2) to address the underlying causes of undernutrition.

Conclusion

The [UN Secretary-General's Synthesis Report](#) on the post-2015 agenda emphasizes the importance of building an agenda that leaves no one behind and tackles inequalities. As the report states, "*ensuring equality, non-discrimination, equity and inclusion at all levels*" will be key to the success of the new agenda, paying special attention to the people, groups and countries most in need, including children (UN 2014, p. 14). It proposes that ending poverty and fighting inequalities is one of the essential elements of the new agenda (UN 2014). As demonstrated in Bangladesh, the recognition of the damaging impacts of income inequality is extremely important, together with emphasis on the need for participation and empowerment of vulnerable, marginalized and poor groups. The recommendation that no goal or target be considered met unless it is met for all socioeconomic groups is critical, and must be taken forward (UN 2014).

As the MDGs are replaced by a new set of global goals, an opportunity to end poverty and promote equity is upon us. The potential of social protection as a key policy solution is clear. The development of social protection systems across the lifecycle, based on a pathways causal analysis, and with a greater focus on nutrition behaviour change, empowering women and focusing on the 1000-day window of opportunity between a woman's pregnancy and her child's second birthday, will help shape healthier and more prosperous futures for all.

Table 2. Global recommendations to make social protection programmes and policies nutrition-sensitive**CROSS-CUTTING ASPECTS**

- Understand the local causes of malnutrition (supply, access, care, environment)
- Clarify the pathways through which the programme is intended to impact nutrition
- Prevent negative side effects on the causes of both undernutrition and obesity
- Be gender-sensitive
- Integrate behaviour change communication and nutrition education

Household food security	Example of social protection instruments
<ul style="list-style-type: none"> • Choice of impact indicators (as a minimum, dietary diversity for women) • Reaching the 1000 days: pregnant/lactating women and children under 2 years of age • Provide transfers in an appropriate form (examples of consideration of nutrition in development of form) • Adjust cash/voucher benefit level to the cost of a healthy diet 	<ul style="list-style-type: none"> • Food transfers • Cash transfers • Public works programmes • Input subsidies (reduced cost of food) • Social insurance

Caring practices for women and children	Example of social protection instruments
<ul style="list-style-type: none"> • Reach the 1000 days: pregnant/lactating women and children under 2 years of age • Reach adolescent girls as a key vulnerable group • Integrate nutrition-focused complementary action, e.g. food supplements, nutritional training, deworming • Adapt design and implementation arrangements • Minimize time spent (and cost) for beneficiaries to receive the transfer, e.g. using mobile phones • Exempt pregnant women from work requirement • Ensure women's economic empowerment and improved decision-making within households 	<ul style="list-style-type: none"> • Food transfers • Cash transfers • Nutrition education and behaviour change • Labour regulations

Health environment and services	Example of social protection instruments
<ul style="list-style-type: none"> • Integrate social protection programmes with health services by putting in place coordinating mechanisms and synergetic linkages and ensure the delivery of quality health services to increase the impact on nutritional outcomes • Extend access to health, clean drinking water and sanitary services to poor and vulnerable households • Integrate nutrition-focused complementary health actions such as distribution of food supplements, growth monitoring, nutritional training and deworming 	<ul style="list-style-type: none"> • Food transfers • Cash transfers • Links to health and sanitation services • Water, sanitation and hygiene (WASH) education

Malnutrition in Bangladesh: Harnessing social protection for the most vulnerable explores the impact of social protection on nutrition. It makes recommendations for policy development and implementation in Bangladesh and for global learning on an integrated approach to tackling malnutrition through social protection.

For more information see, visit [Save the Children's website](#).

References

- Attanasio et al. (2005) *The short-term impact of a conditional cash subsidy on child health and nutrition in Colombia*. enGender Impact: the World Bank's Gender Impact Evaluation Database. Washington DC: World Bank. ([online](#))
- Black R, Victora C, Walker S, Bhutta Z, Christian P, de Onis M, Ezzati M, Grantham-McGregor S, Katz J, Martorell R, Uauy R, and the Maternal and Child Nutrition Study Group (2013) Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*. 382 (9890), pp. 427-51.
- Bredenkamp C, Buisman L and Van de Poel E (2014) Persistent inequalities in child undernutrition: evidence from 80 countries, from 1990 to today. *International Journal of Epidemiology*, 2014, pp. 1–8
- CARE (2012) *Reaching New Heights: The Case for Measuring Women's Empowerment*. Atlanta: CARE International. ([online](#))
- DFID, Help Age International et al. (2009) *Advancing child-sensitive social protection*. ([online](#))
- DHS (2011) *Demographic and Health Survey (DHS) Bangladesh*.
- Duran-Valverde F and Pacheco JF (2012) *Fiscal space and the extension of social protection*. Extension of Social Security ESS Paper no. 33, Geneva: International Labour Organization.
- Food and Agriculture Organization of the United Nations (FAO) (in press) *Social Protection and Nutrition in the Food and Agriculture Sector Suggestions for Programme Designers and Implementers on How to Maximise the Positive Impact of Social Protection Policies and Programmes on Nutrition*. Rome: FAO.
- FAO (2012) *State of Food Insecurity in the World*. Rome: FAO. ([online](#))
- FAO and World Health Organization (WHO) (2014) *Conference Outcome Document: Rome Declaration on Nutrition*. Second International Conference on Nutrition, Document ICN2 2014/2. Rome. Italy. ([online](#))
- Food Security Nutritional Surveillance Project (FSNSP) (2011) *State of Food Security and Nutrition in Bangladesh*. Dhaka: James P Grant School of Public Health and Helen Keller International.
- Girls Not Brides (2014) *Child Marriage around the World*. ([online](#))
- Grantham-McGregor S et al. (2007) Development potential in the first five years for children in developing countries. *Lancet*, 369, pp. 60-70.
- Hoddinott J et al. (2013) The economic rationale for investing in stunting reduction. *Maternal & Child Nutrition*, 9 (Suppl. 2), pp. 69–82.
- Hujo K and McClanahan S (eds) (2009) *Financing social policy: Mobilizing resources for social development*. UN Research Institute for Social development and Palgrave Macmillan.
- International Coalition on Advocacy for Nutrition (ICAN) (2015) *Nutrition Indicators in the Post-2015 Agenda*.
- International Labour Organization (ILO) (2012) *R202 – Social Protection Floors Recommendation (No.202)*. Geneva: ILO.
- ILO (2014) *World Social Protection Report 2014/15*. Geneva: ILO.
- International Poverty Centre (IPC) (2006) *Cash Transfer Programmes in Brazil: Impacts on Inequality and Poverty*. Working paper number 21. ([online](#))
- Kidd S and Khondker B (2013) *Scoping Report on Poverty and Social Protection in Bangladesh*. ([online](#))
- Grantham McGregor S (2007) Development potential in the first 5 years for children in developing countries. *Lancet*, 369(9555), pp. 60-70.
- ODI (2013) *Social protection and resilient food systems*. Overseas Development Agency. ([online](#))
- Open Working Group for Sustainable Development Goals (OWG) (2014) *Proposal for Sustainable Development Goals*. Outcome Document, Draft dated 19 July 2014. ([online](#))
- Ortiz I, Cummins M (eds) (2012) *A recovery for all: Rethinking social-economic policies for children and poor households*. New York: UNICEF.
- Oxfam (2015) *Wealth: Having it all and wanting more*. ([online](#))
- Ruel MT, Alderman H and the Maternal and Child Nutrition Study Group (2013) Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition. *Lancet*, 382(9891), pp. 536-551.
- Samson et al. (2004) *The Social and Economic Impact of South Africa's Social Security System*. Cape Town: Finance and Economics Directorate, Department of Social Development.
- Save the Children (2014a) *Leaving No One Behind: Embedding equity in the post-2015 framework through stepping stone targets*. London: Save the Children. ([online](#))
- Save the Children (2014b) *Framework for the future*. London: Save the Children. ([online](#))
- Save the Children (2014c) Suchana: Ending the Cycle of Malnutrition in Bangladesh, Proposal for DFID.
- Save the Children (2015a) *The Lottery of Birth: Giving all children an equal chance to survive*. Save the Children International. ([online](#))
- Save the Children (2015b) *Malnutrition in Bangladesh: Harnessing social protection for the most vulnerable*. Save the Children.
- Skoufias E and Parker S (2001) *Conditional cash transfers and their impact on child work and schooling: Evidence from PROGRESA programme in Mexico*. FCND Discussion Paper No. 123. Washington DC: International Food Policy Research Institute.
- Smith L and Haddad L (2014), *Reducing Child Undernutrition: Past Drivers and Priorities for the Post-MDG Era*. IDS Working Paper Volume 2014 No 441. Brighton: Institute of Development Studies. ([online](#))
- Smith LC, Khan F, Frankenberger TR and Wadud A (2013) Admissible Evidence in the Court of Development Evaluation? The Impact of CARE's SHOUHARDO Project on Child Stunting in Bangladesh. *World Development*, 41, pp. 196–216.
- SUN (2014) *Planning and costing for the acceleration of actions for nutrition: experiences of countries in the Movement for Scaling Up Nutrition*. Scaling Up Nutrition Movement.
- United Nations (UN) (2013) *World Population Prospects: The 2012 Revision, Highlights and Advance Tables*. United Nations Department of Economic and Social Affairs.
- UN (2014) *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet*. Synthesis Report of the Secretary-General On the Post-2015 Agenda. New York: United Nations.
- United Nations Development Programme (UNDP) (2013) *Millennium Development Goals – Bangladesh Country Report 2013*. ([online](#))
- United Nations Children's Fund (UNICEF) (2010) *Progress for children: Achieving the MDGs with Equity*. Number 9.
- Woolard I, Harttgen K and Kalsen S (2010) The evolution and impact of social security in South Africa. Background Paper to the European Development Report 2010.
- World Bank (2006) *Repositioning Nutrition as Central to Development*. Washington DC: World Bank. ([online](#))
- World Bank (2009) *Defining Inclusive Growth*. ([online](#))
- World Bank (2013) *Improving Nutrition Through Multisector Approach*. Social Protection briefing. Washington DC : World Bank. ([online](#))

Nutrition targets and indicators for the post-2015 Sustainable Development Goals

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Explicit attention to nutrition is needed as the world seeks to accelerate and sustain recent gains in development, and to expand these to include places and people who have been left behind. At a minimum, the Sustainable Development Goals (SDG) framework needs to include indicators to measure all six global nutrition targets unanimously endorsed by Member States at the 65th World Health Assembly (WHA) in 2012. The WHA targets are based on evidence on what is needed to comprehensively address malnutrition. Given the intergenerational nature of malnutrition, it is critical to include an additional indicator on women's dietary diversity, which reflects the nutritional quality of food intake and also the role of agriculture in ensuring the health of people. In order to achieve the above, the means of implementation need to be strengthened, and it is therefore critical to include an indicator on national budget allocations for nutrition. The most obvious place for nutrition indicators is SDG2 (the goal on nutrition), but several of these indicators can also be used to measure progress towards other SDGs and targets, especially SDG3 (the goal on health).

Introduction

Malnutrition in all its forms is a global burden that affects almost every country in the world, and leads to serious public health risks and high economic costs. Notwithstanding significant achievements in many countries, recent decades have seen modest progress in reducing malnutrition. At the Second International Conference on Nutrition (ICN2), Member States reaffirmed their commitment to act on the multiple challenges of malnutrition to inclusive and sustainable development, and committed to give due consideration to integrating the ICN2 outcomes into the post-2015 development agenda process (FAO and WHO 2014a).

Today, 161 million children younger than 5 years are stunted (too short for their age), at least 51 million are severely or moderately wasted (weighing too little for

their height), while another 42 million children are overweight or obese. Globally, only 38% of infants 0–6 months old are exclusively breastfed (UNICEF, WHO, World Bank 2013). In addition, there are about 2 billion children and adults who are deficient in vitamins or minerals, which can lead to anaemia, blindness, cognitive impairment, greater susceptibility to many diseases, resulting in higher mortality (FAO and WHO 2014b). Overall, it is estimated that 15% to 20% of all births worldwide are low birth weight (WHO 2014f). Losses to national productivity linked to these conditions can be as high as 3% of total output per year (UNSCN 2010). This paper encourages dialogue on targets and related indicators used to monitor, report and account for progress towards improved nutrition across the Sustainable Development Goals (SDGs) framework.

The paper summarizes the [UNSCN Technical Note](#)

(UNSCN 2015) that makes the case for embedding eight priority nutrition indicators in the SDG framework and for intervention coverage indicators for country-level monitoring. Furthermore, its final section addresses nutrition accountability, first with regards to ensuring that data collection and national information systems can accurately measure progress in nutrition by providing high quality, timely and disaggregated data; and second, with a discussion of national cost estimates and tracking of resources for nutrition. Shortcomings in the nutrition data collection toolkit and recommendations for improving data quality and standardization at scale are highlighted.

The nutrition landscape has changed since the adoption of the MDG agenda

In 2000, world leaders adopted the Millennium Declaration and agreed on a set of eight Millennium Development Goals (MDGs), to be met by September 2015. MDG1 brought attention to the need to improve food and nutrition security, with its two indicators for monitoring progress in terms of the prevalence of underweight children under 5 years of age and the proportion of the population below the minimum level of dietary energy consumption, also referred to as undernourishment. Despite substantial improvements, MDG1 will not be achieved by many countries (World Bank 2013, UN 2014). Lessons learnt from the MDG framework specific to nutrition include the realization that the focus on undernutrition was too narrow, and that synergies between nutrition and other sectors were underexploited (Fanzo et al. 2011).

Since 2000, the nutrition situation has become more complex, with many countries experiencing multiple burdens of undernutrition, overweight and micronutrient malnutrition. In some contexts, all three conditions may occur simultaneously at household and even individual level (IFPRI 2014). This current scenario is attributed among others to dietary changes associated with rapid urbanization, more sedentary lifestyles, and increased consumption of processed foods. These three global trends have contributed to the rising prevalence of overweight, obesity and diet-related noncommunicable diseases (NCDs) worldwide. At the same time, climate change and associated severe weather events are resulting in frequent food crises. Socioeconomic inequities in malnutrition persist, and nutrition improvements have not always been equitable (Waage et al. 2010).

The empirical evidence on what works to improve nutrition has increased significantly. The 2008 Lancet Series on maternal and child undernutrition created consensus on a suite of effective direct nutrition actions to address the most immediate, proximal causes of malnutrition (Bhutta et al. 2008). A second Lancet Series, published in 2013, provided new information on nutrition-sensitive interventions (Bhutta et al. 2013) that span a variety of sectors and address underlying as well as basic determinants of nutritional status. In line with the growing evidence base and heightened advocacy for nutrition sensitivity across a range of sectors, reinforced through the ICN2 outcomes (FAO and WHO 2014a) and the Scaling Up Nutrition (SUN) Movement, more and more national nutrition plans are taking a multisectoral approach (SUN Movement 2014).

Nutrition and the SDGs

The United Nations Open Working Group (OWG 2014, UNGA 2014) proposal for Sustainable Development Goals includes 17 goals and 169 targets to be achieved by 2030, and nutrition is mentioned in SDG2 (End hunger, achieve food security and improve nutrition, and promote sustainable agriculture), which has two targets attached to it that are related to nutrition (OWG 2014, p. 8):

Target 2.1: “By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round”.

Target 2.2: “By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons”.

This proposal names only two out of the six World Health Assembly (WHA) global nutrition targets, stunting and wasting, whereas all six WHA targets together do represent a comprehensive marker to track and guide the smartest investments to improve global nutrition and well-being.

Priority nutrition targets and indicators in the SDG framework

Selection criteria for global nutrition targets and related indicators include scientific robustness, a strong track rec-

ord of extensive measurement experience, and use by countries in monitoring of national plans and programmes (UN System Task Team 2012 and 2013). The six global targets for maternal and child nutrition endorsed by the 65th WHA fulfil these criteria (WHA 2012). All six are based on credible evidence of human benefit and it is strongly recommended that the entire suite be included as targets with relevant indicators as part of the SDGs. These indicators are already a priority selection from a broader list of relevant indicators. Countries endorsed this complete set of indicators and committed to report on them. As they address malnutrition in all its forms from a life cycle approach, including them into the SDG framework would be the logical step to follow and not create additional reporting burdens on countries. The World Health Organization (WHO) is already providing methodological support including reporting on progress (WHO 2012). The SDGs will likely be set for 2030, whereas the WHA targets are to be achieved by 2025. Corresponding SDG targets will be set for the six WHA targets for the year 2030 at more ambitious levels, since documented experiences in several countries suggest that with political will and the right mix of policies and adequate resources, it is feasible to make dramatic improvements in maternal and child nutrition (IFPRI 2014). [WHO is currently developing these 2030 targets.](#)

In addition, indicators that complement and go beyond the WHA targets need to be carefully considered in the post- 2015 framework. Priority indicators include those of diet quality and diversity, as well as indicators which aim to assess the political commitment that is essential to scaling up nutrition-specific actions and to investing in nutrition-sensitive programming. Proposals to date include metrics which capture women's dietary diversity and overall national government spending on nutrition (Table 1).

There is broad consensus around this set of priority indicators that efficiently and comprehensively measure progress in the most critical areas of action to improve nutrition and other development outcomes (Table 1). SDG2 with its target 2.2 is the most obvious home for indicators addressing nutrition. In order to include the priority nutrition indicators discussed above, it is recommended that target 2.2 be expanded to:

- a) include the full set of all six global targets adopted by WHA in 2012, treating this comprehensive set as one indicator of maternal and child nutrition; and
- b) include a measure of means of implementation, notably the percentage of national budget allocated to nutrition (IFPRI 2014).

Table 1. Priority nutrition indicators¹ for the SDG framework

AREA	PRIORITY INDICATOR	SDGs AND TARGETS
GLOBAL NUTRITION TARGETS endorsed by Member States at the 65 th World Health Assembly (WHA 2012)	Prevalence of stunting (low height-for-age) in children under 5 years of age	Goal 2, Target 2.2
	Prevalence of wasting (low weight-for-height) in children under 5 years of age	Goal 2, Target 2.2
	Percentage of infants less than 6 months of age who are exclusively breast fed	Goal 2, Targets 2.1 and 2.2 Goal 3, Target 3.2
	Percentage of women of reproductive age (15–49 years of age) with anaemia	Goal 2, Target 2.2 Goal 3, Target 3.1
	Prevalence of overweight (high weight-for-height) in children under 5 years of age	Goal 2, Target 2.2 Goal 3, Target 3.4
	Percentage of infants born with low birth weight (< 2500 grams)	Goal 2, Target 2.2 Goal 3, Target 3.2
DIETARY DIVERSITY	Percentage of women, 15–49 years of age, who consume at least 5 out of 10 defined food groups	Goal 2, Target 2.1
POLICY	Percentage of national budget allocated to nutrition	Goal 2, Target 2.2a

¹ These recommendations have been developed through consultation with a wide range of experts and stakeholders: UNSCN member agencies, Bill & Melinda Gates Foundation, Bread for the World, Children's Investment Fund Foundation (CIFF), Columbia University, Concern Worldwide, UK Department for International Development (DFID), FANTA/ FHI360, Global Nutrition Report, International Food Policy Research Institute (IFPRI), Micronutrient Initiative, ONE, Sight and Life, Tufts University Friedman School of Nutrition Science and Policy, US Agency for International Development (USAID), US State Department, World Bank, and 1,000 Days Partnership. This proposal does not necessarily reflect organizational positions.

It is furthermore proposed to expand SDG2 target 2.1 to:

- c) ensure that diet diversity of women be recognized as an important metric (FAO and FANTA 2014).

In addition to SDG2, the priority nutrition targets and indicators outlined above also have a place in other SDGs. Particular focus should be put on SDG3 (on ensuring healthy lives and promote well-being).

Rationale for including the priority indicators in the SDGs framework

Prevalence of stunting (low height-for-age) in children under 5 years of age

Child stunting is a measure of chronic malnutrition, commonly measured in children under 5 years of age. It is important to disaggregate data by age group and include monitoring of stunting before 2 years of age, as this allows countries to intervene early taking advantage of the first 1000 days (from conception) within which nutritional problems can still be corrected (WHO 2014a).

Prevalence of wasting (low weight-for-height) in children under 5 years of age

This is a measure of acute malnutrition, a consequence of insufficient food intake and/or infectious diseases. Addressing wasting is important because of the increased risk of disease and death for children who lose too much of their body weight (WHO 2014b).

Percentage of infants less than 6 months of age who are exclusively breastfed

Breastmilk provides all the energy and nutrients that infants need during the first 6 months of life. This indicator measures the percentage of infants who get only breastmilk, no other liquids or food. This protects against common childhood illnesses and contributes to quicker recovery from illness. In addition, it reduces the risk of childhood obesity and NCDs in later life (WHO 2014c).

Percentage of women of reproductive age (15–49 years of age) with anaemia

This measures iron deficiency, iron being one of the essential micronutrients. Iron deficiency, particularly among women, is an important and most prevalent micronutrient deficiency. It increases the risk of maternal death and compromises healthy birth (WHO 2014d).

Prevalence of overweight (high weight-for-height) in children under 5 years of age

This measures childhood overweight and obesity that is rising in all regions of the world. It increases the risk of diet-related NCDs, disability in adulthood and premature death (WHO 2014e).

Percentage of infants born with low birth weight (<2500g)

This is the most commonly used indicator of fetal growth. Low birth weight contributes to prenatal and neonatal mortality and morbidity, to childhood stunting, impaired cognitive development, and chronic diseases in later life (WHO 2014f).

The percentage of women, 15–49 years of age, who consume at least five out of ten defined food groups

This scientifically validated indicator measures the quality of women's diet. Dietary diversity is a key dimension of high-quality food consumption with adequate micronutrient content; and thus it is important to ensuring the health and nutrition of both women and their children, especially during pregnancy and lactation (FAO and FANTA 2014).

Percentage of national budget allocated to nutrition

This indicator measures the national government's allocation to nutrition expressed as percentage of overall national budget. The evidence-based solutions to end malnutrition are well-known. This indicator is recommended to measure the means of implementation made available for nutrition-specific and nutrition-sensitive actions according to national plans (IFPRI 2014).

Other indicators with relevance to nutrition

Besides the eight priority indicators, optional indicators to consider relate to nutrition outcomes among neglected and vulnerable groups, namely obese adults, the elderly, displaced people, and adolescents (especially girls). In addition, measures of an enabling environment for nutrition are vital. Even if all 12 direct nutrition actions recommended in the Lancet 2008 series were fully scaled up worldwide, there would only be a 20% estimated decrease in stunting levels (Bhutta et al. 2008). Given that the ultimate goal is a 100% reduction, nutrition-sensitive interventions, which address the underlying determinants of nutritional status, are crucial enablers (Horton et al. 2010). Nutrition-sensitive interventions span a variety of sectors. With regards to the proposed SDGs, of particular importance for nutrition-sensitive development are SDG1 on ending poverty, SDG3 on ensuring healthy lives, SDG4 on ensuring inclusive and equitable quality education,

SDG5 on achieving gender equality and empowerment, SDG6 on ensuring sustainable water and sanitation, and SDG10 on reducing inequality. More details on these optional nutrition related indicators of significance for the SDGs are found in the corresponding detailed [Technical Note](#) (UNSCN 2015). More specifics on the relevance of nutrition in each of the SDGs can be found in another [UN-SCN Technical Note](#) (UNSCN 2014a), also summarized in a [paper in this issue](#).

Furthermore, policy-makers and programme personnel also need process indicators tracking the delivery and/or coverage of nutrition-specific and nutrition-sensitive interventions that will allow progress towards national commitments. Considering that these are highly context-specific, and that none of the current SDG targets address the how of facilitating improved nutrition outcomes, it is proposed that countries (beyond the 55 SUN countries where such processes are already underway) formulate targets on the coverage of relevant key nutrition actions in their national SDG frameworks.

Coverage data for nutrition-specific interventions are sparse, often because the interventions themselves have yet to be scaled up. Among the 12 key nutrition-specific interventions with proven effectiveness in improving maternal and/or child nutrition (Bhutta et al. 2013), most countries have national coverage data for only two interventions: vitamin A supplementation and universal salt iodization (IFPRI 2014). Tracking coverage and scale-up of all national relevant interventions is essential for guiding national nutrition policies and plans of action, and therefore should be expanded, institutionalized and improved by all countries (SUN Movement 2014). More work is

needed to define which interventions qualify as nutrition-sensitive and to develop relevant coverage indicators and measurement methods for them. Furthermore, new metrics need to be developed in order to better address the important link between nutrition and the sustainable management of natural resources (UNSCN 2014b).

Data collection systems

Many of the challenges in monitoring nutrition indicators during the MDG era boiled down to shortcomings in nutrition data collection systems and related capacities. What was and still is needed are innovative systems and tools that gather better data more frequently, more systematically and that enable disaggregation by parameters that facilitate identification and reaching of vulnerable groups (WHO 2014g). Looking at data sources of the proposed priority nutrition indicators, four out of the six WHA targets are regularly measured in most countries through periodically administered population-based nationally representative surveys such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS): stunting, wasting, overweight in children under 5 years, as well as exclusive breastfeeding for infants less than 6 months of age (Box 1).

Anaemia in women of reproductive age is tracked in some countries by country-owned nutrition surveys of micronutrient deficiencies. However, the data are variable with regard to quality and source, necessitating complex modelling and resulting in burden and trend estimates that are not always robust at country and regional levels. Since a simple and non-invasive device to determine blood haemoglobin levels under field conditions is available, it

BOX 1. DATA COLLECTION SYSTEMS

The **main data collection systems** include:

- Population-based nationally representative household surveys, such as:
 - * Demographic and Health Survey (DHS)
 - * Multiple Indicator Cluster Survey (MICS)
- Other specific national nutrition surveys, such as:
 - * Micronutrient deficiencies surveys
 - * Standardized monitoring and assessment of relief and transition surveys (SMART)
- Routine nutrition surveillance

Other relevant data collection systems include:

- Health Information and Civil Registration, birth weight recording
- National government budgets

should be possible to roll-out more standardized anaemia measurement through existing country-owned nutrition surveys, or through DHS and MICS.

Low birth weight tracking is often hampered by incomplete and poor quality birth weight recording in many countries (Blanc and Wardlaw 2005). Improving measurement of this indicator depends on ongoing, structural long-term enhancements in health information and civil registration systems.

Minimum dietary diversity for women could be measured through representative household surveys. A specific module exists with a previous version of the DHS questionnaire for its collection, which could serve as a basis. The indicator could be included systematically in future DHS and/or other to-be-determined data collection systems.

Overall government spending on nutrition is currently being addressed by SUN countries. In the follow-up to a 2013 Workshop on Costing and Financial Tracking, agreement was reached on a common methodology for tracking government resources. National government budgets were identified as an entry point for tracking nutrition expenditures across a range of ministries and sectors (SUN Movement 2014). Work to accelerate country efforts to track and report on nutrition-relevant budget allocations under the umbrella of the SUN Movement is in process.

Another important main data collection method is routine public health nutrition surveillance. Routine surveillance has the greatest power of all data collection systems to continually and practically inform programme adaptation at the subnational level. Strengthening routine nutrition programme surveillance is critical for monitoring needs and coverage of nutrition-related interventions. In addition, over the long term, broader health and information system strengthening will need to continue in order to improve surveillance of certain nutrition-related targets such as the reduction of low birth weight.

Accountability for the measurement of results in nutrition

For nutrition, accountability is complex due to its multi-sectoral nature, its long-term effects on human development, and the invisibility of some of its consequences. These variables create challenges to governments, do-

nors, and other stakeholders worldwide (IFPRI 2014). Meeting these challenges requires a clear understanding of current data collection systems' shortcomings combined with:

- a) an understanding of what is required to improve them;
- b) proactive investments in those improvements; and
- c) stepped-up, systematic tracking of those investments to increase accountability at country and global levels.

To this end, better information on nutrition results is needed. To be useful, data must be of high quality and accessible in a timely fashion to those who need them for decision-making. Comparability and standardization are crucial to allow data from different sources or time periods to be compared and combined for regional and global progress and time trend evaluation. Furthermore, data which can be disaggregated by relevant parameters are crucial, as disaggregation allows policy-makers to track variations in prevalence rates at subnational levels. Existing inequalities of vulnerable groups will not be overcome without dedicated action to measure, monitor and report on the existence and progressive elimination of these inequalities.

Therefore, investments in nutrition monitoring and accountability are needed. Adequate domestic resources and international support is a prerequisite to advance and implement innovative information systems. This is articulated in SDG17 (Strengthen the means of implementation) and especially in target 17.18: "*by 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing states, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in the national context*" (OWG 2014, p. 24). With regards to nutrition, one immediate investment priority is enabling the DHS to collect data on dietary diversity and biomarker-based micronutrient status. This would require formal addition of these tasks to the DHS protocol, with concomitant additional funding provided. At the same time, investments in and strengthening of routine public health nutrition surveillance systems is needed.

Better cost estimates and tracking of investments in nutri-

tion require that governments worldwide have comprehensive and costed national nutrition plans that also include monitoring and reporting. Governments' accountability for improving nutrition is indelibly linked to these comprehensive costed action plans, subsequent improved financial tracking of nutrition-specific and nutrition-sensitive investments, and their results across sectors. To this end, common results frameworks that align stakeholders across nutrition-relevant sectors should include a costed national monitoring plan that can measure and account for results in nutrition.

Urgent, well-funded and government-owned national platforms that bring together nutrition-related information from key sources across sectors are essential to monitor progress in nutrition. Achieving improved nutrition means putting nutrition at the core of the human development agenda. To improve nutrition more rapidly, there is a need to strengthen nutrition accountability. Currently, only a few countries collect adequate or sufficient data on nutrition. The quality and coverage of disaggregated data needs to be significantly improved to support policy and programming decisions and monitoring of nutrition progress. As the Global Nutrition Report (IFPRI 2014) concludes, a failure to intensify and accelerate these actions will cast a long shadow, leaving a painful legacy to the next generation. Our generation has not only the opportunity but also the ability to banish those shadows. Yet we can only be successful if we act effectively, strategically and use the tools developed to hold ourselves accountable.

References

- Bhutta ZA, Ahmed T, Black RE, Cousens S and Dewey K (2008) What works? Interventions for Maternal and Child Undernutrition and Survival. *Lancet*, 371 (9610), pp.417-440.
- Bhutta Z, Das J, Rizvi A, Gaffey M, Walker N, Horton S, Webb P, Lartey A, and Black R for the Lancet Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group (2013) Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet*, 382, pp. 452-477.
- Blanc AK and Wardlaw T (2005) Monitoring Low Birth Weight: an evaluation of international estimates and an updated estimation procedure. *Bull WHO*, 83(3), pp. 178-185.
- Fanzo JC and Pronyk PM (2011) A review of global progress towards the Millennium Development Goal 1 Hunger Target. *Food Nutrition Bull*, 32(2), pp. 144-158.
- Food and Agriculture Organization of the United Nations (FAO) and FANTA (2014) *Introducing the Minimum Dietary Diversity – Women (MDD-W) Global Dietary Diversity Indicator for Women*. Washington DC: FAO.
- FAO and World Health Organization (WHO) (2014a). *Rome Declaration on Nutrition*. Second International Conference on Nutrition. Rome. ([online](#))

- FAO and WHO (2014b) *Framework for Action*. Second International Conference on Nutrition. Rome. ([online](#))
- Horton S, Shekar M, McDonald C, Mahal A, Brooks JK (2010) *Scaling up nutrition: What will it cost?* Washington DC: World Bank.
- International Food Policy Research Institute (IFPRI) (2014) *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*. Washington DC: IFPRI.
- Open Working Group for Sustainable Development Goals (OWG) (2014) *Proposal for Sustainable Development Goals*. Outcome Document, Draft dated 19 July 2014. ([online](#))
- SUN Movement (2014) *SUN Movement Annual Progress Report 2014*.
- United Nations (UN) (2014) *Millennium Development Goals Report 2014*. New York: United Nations:
- United Nations General Assembly (UNGA) (2014) *Resolution A/68/L.61*. New York: UNGA. ([online](#))
- UN System Task Team (2012) *Realizing the Future We Want for All Report*. New York: UN System Task Team on the post-2015 UN Development Agenda.
- UN System Task Team (2013) *Statistics and Indicators for the Post-2015 Development Agenda*. New York: UN System Task Team on the post-2015 UN Development Agenda.
- United Nations Children's Fund (UNICEF), WHO and The World Bank (2013) UNICEF–WHO–The World Bank: 2012 Joint child malnutrition estimates. Levels and trends. Geneva: WHO. ([online](#))
- UNSCN (United Nations System Standing Committee on Nutrition) (2010) *Nutrition and the MDGs: Accelerating Progress Towards 2015*. Geneva: UNSCN.
- UNSCN (2014) *Nutrition and the Post-2015 Sustainable Development Goals*. A Technical Note. Geneva: UNSCN ([online](#))
- UNSCN (2014b) *Technical Note 4 to the Global Nutrition Report 2014*. Towards Sustainable, Healthy and Profitable Food Systems: Nutrition and the Sustainable Management of Natural Resources. Geneva: UNSCN.
- UNSCN (2015) *Nutrition Targets and Indicators for the Post-2015 Sustainable Development Goals: A Technical Note*. Geneva: UNSCN. ([online](#))
- Waage J, Banerji R, Campbell O, Chirwa E and Collender G (2010) The Millennium Development Goals: a cross-sectional analysis and principles for goal setting after 2015 *Lancet* and London International Development Centre Commission. *Lancet*, 376(9745), pp.991-1023.
- World Health Assembly (WHA) (2012) *Comprehensive Implementation Plan on Maternal, Infant and Young child Nutrition*. Annex 2. Geneva: WHO.
- World Health Organization (WHO) (2012) *Maternal, infant and young child nutrition: draft comprehensive implementation plan*. Report by the Secretariat. A65/11. Geneva: WHO.
- WHO (2014a) *Global Nutrition Targets 2025. Stunting Policy Brief*. Geneva: WHO.
- WHO (2014b). *Global Nutrition Targets 2025: Wasting Policy Brief*. Geneva: WHO.
- WHO (2014c). *Global Nutrition Targets 2025: Breastfeeding Policy Brief*. Geneva: WHO.
- WHO (2014d). *Global Nutrition Targets 2025: Anaemia Policy Brief*. Geneva: WHO.
- WHO (2014e). *Global Nutrition Targets 2025: Childhood Overweight Policy Brief*. Geneva: WHO.
- WHO (2014f). *Global Nutrition Targets 2025: Low Birth Weight Policy Brief*. Geneva: WHO.
- WHO (2014g). *Accountability for women's and children's health: 2014 Progress Report*. Geneva: WHO.
- World Bank (2013) *Improving nutrition through multisectoral approaches*. The World Bank: Washington DC.



OPINION PAPERS

Pope Francis: tireless advocate for good quality nutrition – with families at the grassroots and in the corridors of policy-making

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Author statement: The author declared not having any conflict of interest.

As the representative of His Holiness Pope Francis to the United Nations and Specialized Agencies based in Geneva, I give careful attention to his messages, directed to the leaders and members of the Catholic Church, as well as to governments and “people of good will” throughout the world. He frequently calls attention to the need for good quality and sufficient nutrition. He acknowledges this as right for all people, not just for a fortunate few. I must confess to smiling when I watch his televised blessing of the crowds gathered in St. Peter’s Square at noon each Sunday. After praying and giving an inspirational message, he always concludes this event with the greeting *Buon Pranzo* (have a good lunch)!

One might consider this a rather routine phrase, but when we listen to speeches and read documents by Pope Francis, we understand that his concern about enjoying and counting on access to a “good lunch” goes far deeper than nice memories of the abundant and healthy meals his mother must have prepared for her Italian immigrant family in Argentina, when the former Jorge Bergoglio (now Pope Francis) was a boy. His commitment to promote good nutrition is resolute, and he is totally dedicated to make this a reality at all levels of society and in every region of the world. The Pope starts this advocacy at the smallest cell of society, by encouraging mothers to breastfeed their children even during religious services:

“You, mothers, give milk to your children — even now, if they are crying with hunger, feed them, don’t worry. Let us thank the Lord for the gift of milk, and let us pray for those mothers.”

In addition to reminding mothers to breastfeed, he posed some questions to the whole human family on the occasion of World Environment Day 2013: “Are we truly cultivating and caring for creation? Or are we exploiting and neglecting it?”. He expressed regret that “we do not preserve the earth, we do not respect it, we do not consider it as a freely-given gift to look after”. Then he challenged us about our food habits: “I ask everyone to reflect on the problem of the loss and waste of food, to identify ways and approaches, which [...] convey solidarity and sharing with the underprivileged”.

When addressing the Second International Conference on Nutrition (ICN2), the Pope evidenced his keen awareness that, in addition to individual and family actions, we need concerted and vigorous efforts to solve the issue of food security: “The future of all nations is interconnected, more than ever before; they are like the members of one family who depend upon each other. [...] States must be inspired by the conviction that the right to nutrition can be guaranteed only if we care about the actual subject, that is, the person who suffers the effects of hunger and malnutrition: the true subject!” Moreover, he insisted, “it

is also painful to see that the fight against hunger and malnutrition is hindered by 'market priorities', the 'primacy of profit', which have reduced foodstuffs to a commodity like any other, subject to speculation, also of a financial nature".

But, as a wise strategist, the Pope understands very well that even deep feelings and determination to build solidarity is insufficient if political will is lacking on the part of policy-makers. Thus, he wrote to the Prime Minister of Australia, Tony Abbott, on the eve of the G20 Summit in Brisbane, with the plea that "far too many women and men [are] suffering from severe malnutrition" and en-

couraged a "substantial and productive consensus" among the world leaders to be assembled at the Summit. Then he invited those government leaders to look beyond the present day in order to secure the future of their children: "I express these hopes in light of the post-2015 Development Agenda to be approved by the current session of the United Nations Assembly".

Focusing on the intimate nutritional unity of mother and child, care for creation, more responsible food consumption, and the elimination of the unjust structures that keep people poor, excluded, and hungry, Pope Francis is indeed a tireless advocate for good quality nutrition!

Un mundo sin malnutrición

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Declaración: La autora ha declarado no tener ningún conflicto de intereses.

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Tras 22 años transcurridos desde la Primera Conferencia Internacional de Nutrición podemos afirmar que hemos avanzado en el camino emprendido para reducir la malnutrición y combatir el hambre en el mundo, generándose a la vez una mayor conciencia acerca de la diversidad de factores que las determinan y las intervenciones más efectivas para superarlas.

Pero, a pesar de los avances, sigue el hambre, ha aumentado el desperdicio y millones de niños se van cada noche a dormir sin probar un pan, con lo que la esperanza de desarrollar plenamente sus capacidades se apaga lentamente. Paradójicamente, al mismo tiempo, la obesidad y el sobrepeso aparecen como nuevos males asociados a la malnutrición, en todas partes del mundo.

Estando cerca la fecha límite para alcanzar los ODM, necesitamos volver la mirada a algunos aspectos cruciales que podrían ayudar a avanzar más sostenidamente en la reducción del hambre y la malnutrición en una agenda de objetivos de desarrollo sostenible post-2015.

Un primer aspecto es el esfuerzo que aún nos queda por hacer en la educación de las mujeres, especialmente de las niñas rurales, para contribuir a evitar la transmisión intergeneracional de la pobreza. Su empoderamiento, la calidad de atención durante el embarazo y el parto, así como la orientación que reciba para la crianza de sus ni-

ños y niñas influirán directamente en la salud, la capacidad física y mental de sus hijos.

De otro lado, es necesario revalorar a quienes silenciosamente han venido proporcionando alimento al mundo y cuidando con cariño nuestra valiosa biodiversidad, en la mayoría de las veces, sin contar con el apoyo tecnológico ni financiero de los Estados. Apoyar desde los gobiernos a las familias agricultoras es una forma concreta de trabajar por la consecución de los objetivos de desarrollo sostenible que plantean, entre otras metas para el 2030, garantizar la diversidad genética de las semillas y el mantenimiento de los conocimientos tradicionales, sin dejar de aprovechar los nuevos conocimientos que nos brinda la biotecnología.

En el Perú, como en otros tantos lugares del mundo, las familias agricultoras son las que producen el 80% de la alimentación fresca que llega a nuestras mesas, proveyendo además de cultivos ancestrales de altísimo valor nutritivo y gran potencial para la lucha contra la desnutrición como la quinua y los granos andinos.

Adicionalmente, urge avanzar en la tarea educativa de promover hábitos saludables de alimentación en las nuevas generaciones para limitar el consumo de comida "chatarra". En el Perú, experiencias educativas como los biohuertos escolares y familiares, la lonchera saludable y

el kiosko escolar saludable son iniciativas que van calando poco a poco entre los más pequeños, poniendo las bases para un consumo más responsable.

Ninguno de estos retos puede afrontarse sin un compromiso político al más alto nivel. Tenemos un imperativo moral y ético de seguir trabajando después del 2015 para erradicar el hambre, lograr la seguridad alimentaria y prevenir todas las formas de malnutrición con un abordaje

multidimensional, articulado entre los distintos niveles de gobierno y multisectorial, garantizando, al mismo tiempo, procesos participativos que fortalezcan las capacidades de las poblaciones vulnerables.

Un mundo sin malnutrición es posible. Está en nuestras manos y corazones avanzar en el ejercicio sin distinción del derecho humano a la alimentación adecuada.

A world without malnutrition

Her Excellency Nadine Heredia Alarcón

First Lady of the Nation, Peru, and Special Ambassador of FAO for the International Year of Quinoa

Author statement: The author declared not having any conflict of interest.

Note: This article is a translation of the original in Spanish, published on page 45.

Twenty-two years since the First International Conference on Nutrition, we can affirm that we have advanced along the path to reduce malnutrition and fight hunger in the world, generating both greater awareness of the diversity of factors that determine these conditions and the most effective interventions to overcome them.

However, despite the progress, hunger continues, food wastage has increased and every night millions of children go to bed without tasting bread, as their hopes of developing to their full potential fades slowly. Paradoxically, obesity and overweight have appeared in all parts of the world as new forms of malnutrition.

As the deadline for achieving the Millennium Development Goals (MDGs) is near, we need to look back to some crucial aspects that could help accelerate the reduction of hunger and malnutrition in an agenda of Sustainable Development Goals (SDGs).

Firstly, we must increase efforts to educate women and girls, especially rural girls, to help prevent the intergenerational transmission of poverty. Their empowerment, the quality of care during pregnancy and childbirth, as well as the guidance received for looking after their children will directly influence the health, and physical and mental capacity of their children.

It is also necessary to uplift those who have been silently providing food to the world and affectionately caring for our valuable biodiversity, in most cases without technological or financial support from states. Providing government support to family farmers is a concrete way of work-

ing towards the achievement of the SDGs that propose, among other goals for 2030, ensuring genetic diversity of seeds and preservation of traditional knowledge, while benefiting from the new knowledge biotechnology provides.

In Peru, as in many other places in the world, family farmers produce 80% of the fresh foods that reach our tables, besides providing ancestral crops of very high nutritional value and great potential in the fight against undernutrition, such as quinoa and Andean grains.

Additionally, it is urgent to promote healthy eating habits among younger generations in order to limit the consumption of “junk” food. In Peru, educational experiences such as school and family gardens, healthy lunchboxes and healthy school kiosks are initiatives that are slowly catching on among the youngest, building the foundation for more responsible consumption.

None of these challenges can be addressed without political commitment at the highest level. We have a moral and ethical imperative to continue working after 2015 to eradicate hunger, achieve food security and prevent all forms of malnutrition. This will require a multidimensional approach, articulated between the different levels of government and across sectors, ensuring at the same time participatory processes that strengthen the capacities of vulnerable populations.

A world without malnutrition is possible. It's in our hands and hearts to move forward in this effort, in ways that are consistent with the human right to adequate food.

2015: The year of opportunity for nutrition

Dr Nancy Stetson

Special Representative for Global Food Security, United States Department of State

Author statement: I am a representative of the US Government, which is my primary interest and responsibility.

The year 2015 presents a unique opportunity for our global community. The timing of the Third International Conference on Financing for Development (FfD), the post-2015 development agenda, and the upcoming United Nations Framework Convention on Climate Change (UNFCCC) set the stage for a remarkable year of progress towards ending poverty, reducing hunger, and improving nutrition around the globe.

Addressing malnutrition is essential to achieving sustainable development. Our collective health and economic prosperity goals will not be realized if hunger and malnutrition are not eliminated. The significance of nutrition to economic development has not been adequately understood outside of the nutrition community. Evidence shows that investments in nutrition are low-cost and high-impact. If the potential of nutrition to transform societies was universally recognized, the world would invest much more in eliminating malnutrition. Nutrition is a long-term investment. The current generation of malnourished children will suffer from productivity loss, poorer cognition and economic loss due to reduced schooling. Malnutrition has a significant and direct impact on a nation's economic advancement. It is time to bring the value of nutrition to the forefront of all development conversations.

The United States of America (USA) is fully committed to supporting the global fight against hunger and malnutrition. Nutrition is the defining link between two of President Obama's key development initiatives: Feed the Future which aims to address the root causes of hunger and undernutrition, and the Global Health Initiative, which aims to ensure greater access to prevention, care, and treatment activities for mothers and young children. Feed the Future, the US Government's global food security and hunger initiative, supports country-led plans; catalyses innovative partnerships; leverages private investments; builds resilience; integrates nutrition, climate change, and gender equality and women's empowerment into programming; and works to increase the adoption of transformative technologies by smallholder farmers. And our

model works. Feed the Future investments in Ethiopia, for instance, has led to a 9% decrease in stunting over the past three years, resulting in 160 000 fewer stunted children despite a growing population (USAID 2014).

Similarly, the US Government continues to support the 1,000 Days Initiative, which was launched in 2010. This initiative has been successful in bringing together partners in government, civil society, and the private sector to emphasize the importance of nutrition during the critical 1000-day window between pregnancy and a child's second birthday. We are excited to see countries like Guatemala and Zambia take the 1,000 Days Initiative and turn it into their own national strategies.

Global attention to hunger and nutrition has changed significantly in the last 15 years. The Millennium Development Goals (MDGs) defined malnutrition as "underweight". This standard is no longer robust enough and does not capture all forms of malnutrition. The US Government supports a strong goal on food security, nutrition, and sustainable agriculture. The post-2015 development agenda should consider including all six of the World Health Assembly (WHA) global nutrition targets – stunting, wasting, women's anaemia, childhood overweight, exclusive breastfeeding, and low birth weight. In the 15 years since the MDGs were first developed, the science around nutrition has advanced enormously. Two Lancet Series, both 2008 and 2013, point to the burden, catastrophic consequences, and economic dangers of not addressing malnutrition with the full force of our capabilities. The science tells us what we need to do. It is our prerogative as a global community to translate the facts into comprehensive and swift action.

Our collective efforts must also factor in emerging trends. For example, the urbanization of developing countries should change how we address health, food security, and nutrition. Our collective attention has often been focused on agricultural development in rural areas, as it should be, but we also must strive to understand how urban centres are being impacted by malnutrition. Addressing mal-

nutrition in rural populations and urban centres requires different approaches. As the number of urban dwellers around the world continues to increase, tackling hunger and nutrition will require not only improved agricultural production, but also better transportation, refrigeration, and sanitation. The way that we approach the fight against hunger must be as dynamic and flexible as the constantly changing world in which we live.

Additionally, the nutrition community has a responsibility to focus on climate smart agriculture. Climate change affects every country and every individual on the planet. The warning signs have become increasingly clear: record droughts in some parts of the world are matched only by historic flooding in others. We, in the nutrition community, need to echo the importance of promoting the most sustainable agricultural practices, both on land and in our oceans, which is why the USA is an active partner in the Alliance for Climate Smart Agriculture. Climate change affects the nutritional quality of food which serves as an important and tangible reminder that the well-being of our environment has an impact on the quality and quantity of the food we eat. New biotechnologies, including bio-fortification, are among the tools countries should have available.

Lastly, it is time to be realistic about how we will finance the fight against malnutrition. Official Development Assistance (ODA) is critically important, and we must continue fighting for more resources. However, we have a responsibility to look to all forms of financing, particularly as pressure on ODA continues to rise. ODA represents 13% of financing from developed to developing nations, compared to 70% 40 years ago (Kerry 2014). We must look to

innovative financing mechanisms that leverage domestic resources. Nutrition is measurable which should make it one of the best investments for alternative, innovative development financing. We are committed to a successful Financing for Development Conference this July which will move us forward in mainstreaming innovative financing mechanisms in our development work. And most importantly, we must look to the private sector – a sector that is intimately involved in the food system. Civil society and governments need to collaborate with the food industry, and the private sector must invest responsibly. These funds have the potential to be leveraged in a way that ODA funds cannot. Hunger is a problem that requires a solution in which all sectors actively participate. Without a well-nourished workforce, maximum development potential will not be fully realized.

Moving forward, assisted by open, transparent trading systems, food systems must deliver healthy, affordable food to all people around the world. These efforts are imperative and need to be aggressive. We must recognize that nutrition cannot be addressed in a vacuum; rather a multisectoral approach is critical to success. This year, we have an unprecedented chance to bring nutrition into conversations around financing, climate smart agriculture, and to the forefront of the development conversation. Let's strive to make serious progress.

References

- USAID (2014) U.S. Government announces child stunting rates drop in Ethiopia, maize yields increase in Zambia. USAID Press Office, Thursday, November 6, 2014. ([online](#))
- Kerry, J (2014) *Overview*. In: Ending Extreme Poverty. USAID Frontiers in Development. ([online](#))

The Right to Food Forum

The [Right to Food Forum](#) is an online community of people interested on advancing the implementation of this human right. It offers an interactive platform for open dialogue, learning and knowledge sharing aimed at promoting and informing the international debate on how the human right to food approach can help to create a world without hunger and malnutrition.



Hosted by FAO through its [Global Forum on Food Security and Nutrition](#), the Forum organizes online discussions on key issues allowing stakeholders such as academics, researchers, development practitioners, human rights defenders and experts from governments, civil society and private sector to share their experiences and learn from each other.

You can join the Right to Food Forum by visiting [their website](#).

Nutrition in the age of sustainable development

Jeffrey D. Sachs

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Author statement: The author declared not having any conflict of interest.

In the Millennium Development Goals (MDGs), food production and food security played a central role in the battle against hunger, disease, and extreme poverty. As I wrote [in the pages of the SCN News 28 in 2004](#), “Besides being a goal itself, nutrition is critical to achieving the other MDGs [...]. Malnutrition and hunger feed directly into ill health and poverty” (Sachs 2004, p. 7). In the new Sustainable Development Goals (SDGs), the linkages of food, nutrition, and sustainable development are even more encompassing and challenging. The global food system is not only critical for hunger, disease, and poverty, but also for environmental sustainability.

The magnitude and complexity of the food and nutrition challenges are enormous. Around 1 billion people today still suffer from chronic hunger (FAO, IFAD and WFP 2014), and another estimated 2 billion from hidden hunger (chronic deficiency of essential micronutrients) (Muthayya et al. 2013). Two billion more are overweight or obese (WHO 2015). And all of these problems are in the context of a world population that is still growing rapidly, with 7.3 billion currently and on track to reach 8 billion by around 2024, and 9 billion by around 2040 (United Nations 2014). The world is massively malnourished, yet the demands on the food supply are soaring.

If this were the sum of the food challenge, we would certainly acknowledge a world-class economic and social challenge of remarkable scale. Yet the problems are even more daunting, for the food production systems worldwide as currently organized are not environmentally sustainable. Unless farm systems and nutritional practices around the world are improved based on scientific knowledge and technological know-how, today’s food and environmental crises could worsen dramatically.

On the one hand, today’s agricultural systems are contributing to massive ecological threats. Current farm systems are major contributors to emissions of the three leading greenhouse gases (GHGs): CO₂ (mostly from energy use), N₂O (heavily from nitrogen-based fertilizers), and me-

thane (mostly from ruminants and paddy rice). The farm systems are contributors to deforestation as forests are cut down to expand arable land and pastures, and as commercial loggers and tree plantation firms clear-cut forests for logs and to plant tree crops such as palm oil. And the farm systems are major sources of freshwater depletion, biodiversity loss (through habitat destruction, chemical pollution, over-harvesting, and other human forcings), the introduction of invasive species, and nitrogen and phosphorus fluxes resulting from the heavy application of chemical fertilizers.

On the other hand, farm systems are unsustainable in another way: they are highly vulnerable to the ecological degradation that is occurring in much of the world. Human-induced climate change (in part caused by the agricultural sector) will lower crop productivity in many parts of the world, and especially the tropics, by raising mean temperatures and increasing the instability of the climate system. Global warming will typically reduce soil moisture (by increasing evaporation and plant transpiration) and make droughts and famine far more likely. The world has already experienced several major regional shocks to global food production and food trade during the past decade.

Thus we are left with a remarkable morass of nutrition-related problems. The current food system does not adequately feed the planet or provide the vital micronutrients needed for survival and well-being, such as iodine, iron, vitamin A, vitamin B12, folate, and omega-3 fatty acids. Yet the production of the food supply is itself a source of environmental crisis, while it is also highly vulnerable to the environmental changes that are already underway, further imperiling nutrition. And the world population continues to rise rapidly.

So what to do? The new Sustainable Development Goals (SDGs) will put nutrition and sustainable agriculture front and center of the post-2015 development agenda. Each individual on the planet will be encouraged to adopt a

sustainable diet, in terms of personal nutrition, environmental impact, and resilience to the environmental changes on the way. Each region of the world will be encouraged to pursue improved farm practices that economize on scarce water, eliminate the excessive use of chemical fertilizers and pesticides, and avoid the introduction of invasive species or the destruction of habitat through the spread of farm lands into rainforests, wetlands, and other threatened ecosystems.

None of this will be easy. The global public is not well-informed about nutritional needs. Even when they are informed, many poor households cannot afford the nutritious diets vital for children's healthy development and the health and productivity of adults. And improved farm systems often require upfront investments (e.g. in drip irrigation) that might be less costly in present value terms but more costly in higher short-run capital outlays, putting the needed investments out of reach of the poor.

And yet there is also great hope. Recent advances in plant breeding, soil management, irrigation technologies, solar power, remote sensing, mobile communications, and more, can raise farm productivity, improve diets, and improve the resilience of the farm system to climate shocks. The potential range of tools for sustainable agriculture is multiplying rapidly. The challenge is to direct our attention, efforts, and resources in the right direction.

There is, as of yet, no blueprint globally or region-by-region of how to shift diets (e.g. away from massive intake of feedlot beef), adopt improved farm practices, and mobilize new technologies (e.g. advances in soil management or in seed breeding) to accomplish the combination of decent incomes for smallholder farmers, nutritious diets for all including vulnerable groups, resilient crops, and sustainable farm practices. In addition to a farm-system-and-nutrition roadmap, we will also need a technology roadmap to identify the high-priority research and development (R&D) needed to improve sustainable farm tech-

nologies.

Farm systems and social support systems are of course place-based and highly context-specific, depending on local soils, climate, topography, energy resources, transport costs, and sociocultural preferences and practices. Thus, each local area, nation, and global region will have to develop new sustainable agriculture strategies. At the global level, the key international institutions, including the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the multilateral development banks, CGIAR (a global agricultural research partnership) and private companies, will have to redouble their cooperation to achieve the new SDGs.

We can say that sustainable agriculture ranks alongside sustainable energy and sustainable cities as the three great systems transformations required in the coming SDG era. Time is short and the stakes are very high. The need for intensive cooperation among agronomists, nutritionists, ecologists, economists, and leaders of business, government, and civil society has never been more urgent. But there has never been so much promise in what we can accomplish.

References

- Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development (IFAD) and World Food Programme (WFP) (2014) *The State of Food Insecurity in the World 2014. Strengthening the enabling environment for food security and nutrition*. Rome: FAO. ([online](#))
- Muthayya et al. (2013) The Global Hidden Hunger Indices and Maps: An Advocacy Tool for Action. *PLoS ONE*, 8(6), e67860.
- Sachs JD (2004) *Economics and Nutrition: How do they intersect?* SCN News 28. Geneva: United National System Standing Committee on Nutrition. ([online](#))
- United Nations (2014) *Probabilistic Population Projections based on the World Population Prospects: The 2012 Revision*. Population Division, DESA. ST/ESA/SER.A/353. ([online](#))
- World Health Organization (WHO) (2015) *Obesity and overweight*. Fact sheet N° 311. Geneva: WHO. ([online](#))

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Nutrition in the SDGs: my best bet for improving lives in the next 15 years

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Author statement: I work for the Bill & Melinda Gates Foundation, which presents no conflict of interest.

When I started writing this, I thought back to a 2011 trip to Burkina Faso, visiting the household of Falila Kuela, who grows vitamin A-rich orange sweet potatoes as part of her home garden. She is the face of a brighter future. She and her children are getting more nutritious diets, both because of what she grows at home and because of her increased income and improved knowledge of nutrition, which enable her to feed herself and her children better. Since 2000, we have seen more and more stories like Falila's across sub-Saharan Africa and other regions. This is thanks in part to the Millennium Development Goals (MDGs), which mobilized unprecedented levels of action and investment around priority issues like global health and food security.

But our work is far from finished – especially when it comes to nutrition. One out of every two people on the planet remains undernourished, micronutrient deficient, obese, or some combination of the three. According to the authors of the first-ever [Global Nutrition Report](#) (GNR), released in November 2014, these complex, overlapping nutrition burdens are now our “new normal”. But they do not have to become our legacy (IFPRI 2014).

In January 2015, Bill and Melinda Gates [shared their vision](#) for the next generation in their annual letter, betting that people's lives will improve faster in the next 15 years than ever before, driven in part by increased agricultural productivity and improved nutrition. They see a world where stories like Falila's are our “new normal”.

One of our best opportunities to move toward this vision is to enshrine strong goals, targets and indicators for nutrition into the post-2015 Sustainable Development Goals (SDGs).

In September 2015, the United Nations General Assembly will mark the end of a multiyear consultation and negotiation process to shape the SDGs. Recognizing that the goals and targets will serve as our global development

roadmap until 2030, stakeholders from across sectors have worked at each stage of the process to ensure nutrition is incorporated.

Thanks to their work, we now have a goal to “*end hunger, achieve food security and improve nutrition, and promote sustainable agriculture*” in the Open Working Group's SDGs proposal (OWG 2014, p. 8). The proposal also includes targets to end malnutrition in all its forms and to ensure access by all to safe, nutritious, and sufficient food. This takes the SDGs well ahead of the MDGs, which addressed hunger but not nutrition.

However, we know the SDGs must go even further. They must acknowledge the multidimensional nature of malnutrition in all its forms, call on stakeholders to invest in proven interventions to end it, and at least recommit to nutrition targets already agreed upon by the global community.

Given the foundational role that nutrition will play across many of the other proposed goals – child health, maternal health, and education, just to name a few – explicit attention to nutrition is urgently needed to scale up progress towards a multitude of development indicators at the global level. As leaders continue to refine the SDG framework, they should work to incorporate the priority indicators proposed by nutrition stakeholders: six indicators to measure progress towards the World Health Assembly (WHA) nutrition targets, which are all critical to ending malnutrition in all its forms, as well as an indicator on women's dietary diversity and one on national budget allocations. This should include the following:

1. Enshrining all six WHA targets and their supporting indicators into the SDGs framework. Agreed to by global leaders in 2012, the six WHA targets were expertly crafted to ensure nutrition policies and investments address malnutrition in all its forms. The targets have buy-in from donors, governments, and civil society

from around the globe; many countries have already started developing roadmaps to achieve them. Only two of the six targets (on stunting and wasting in children under 5 years of age) were referenced in the Open Working Group proposal. Enshrining all six targets in the SDGs framework will give new impetus toward achieving them at the regional, national, and global levels. At the very least, the six indicators to measure progress for the WHA targets should be included in the indicator framework to measure progress on ending malnutrition in all its forms.

Of particular concern is the omission of breastfeeding from the Open Working Group proposal. Though an overwhelming body of evidence points to breastfeeding as one of the best investments in child health and development, breastfeeding promotion continues to be underfunded and neglected on the global agenda. While we have started to see remarkable results in countries that have made investments in supporting breastfeeding, such as Bangladesh, Brazil, Sri Lanka, and Viet Nam, we still do not have the resources and political will required for global scale-up. Explicitly including the six WHA targets and their related indicators, including the target to increase the rate of exclusive breastfeeding in the first six months up to at least 50%, is a key way to build this momentum, and ensure that breastfeeding is given the attention and resources it needs to make an impact.

2. Including an indicator on women's dietary diversity.

A key indicator needed to measure progress towards the proposed target to ensure access by all people to safe, nutritious and sufficient food all year round, as well as the target to end malnutrition, is a measure on dietary diversity – which is a crucial dimension of high-quality food consumption. An indicator on women's dietary diversity is particularly important because women are often in a more vulnerable situation with respect to food and nutrition, and because women's diets play a critical role in child health and development. The inclusion of a women's dietary diversity indicator in the SDGs framework, a scientifically validated measure of the percentage of women (15–49 years of age) who consume at least five out of 10 defined food groups, would be a critical first step in measuring progress on

this important issue, and unleashing the intergenerational impact that is possible through diverse, nutritious diets for women.

3. Financing and tracking our commitments. To ensure the current draft of the SDGs translates into results for communities around the world, we need to expand our evidence base for measuring progress, finance our commitments, and develop strong accountability measures to ensure they are delivered. This is especially true for nutrition, a chronically underfunded sector. In 2013, aid for basic nutrition was US\$957 million, an increase over previous years. But even with this increase, aid for nutrition still represents less than 1% of total official development assistance (ODA).¹

Underpinning these challenges, outdated mechanisms for tracking nutrition spending have seriously hindered our collective ability to hold each other, and ourselves, accountable to our commitments. While global reports like the GNR and the [Hunger and Nutrition Commitment Index \(HANCI\)](#) have increased awareness about commitments, stronger evaluation systems and better tracking of spending and progress are needed across the sector. In addition to increased transparency around donor spending, an SDG indicator on national budget allocated to nutrition would help to empower citizens and other stakeholders to track financing for the sector.

As the post-2015 development agenda becomes finalized in the coming months, we must ensure strong and ambitious nutrition targets and indicators are enshrined in the SDGs framework. It will bring us one step closer to improving the lives of the world's poorest and most vulnerable populations, and making Falila's story a reality for *all* people.

References

- International Food Policy Research Institute (IFPRI) (2014) *Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition*. Washington DC: IFPRI.
- Open Working Group for Sustainable Development Goals (OWG) (2014) Proposal for Sustainable Development Goals. Outcome Document, Draft dated 19 July 2014. [\(online\)](#)

¹ This figure is based on analysis conducted by Development Initiatives and the Bill & Melinda Gates Foundation. Basic nutrition includes nutrition-specific interventions as reported by donors to the Organization for Economic Development's Development Assistance Committee (OECD-DAC).

Accountability for nutrition in the post-2015 agenda

Tom Arnold

Scaling Up Nutrition Movement Coordinator (Ad Interim)

Author statement: The author declared not having any conflict of interest.

Key events in 2014 provided a critical impetus for the global fight against malnutrition in all its forms and for [nutrition justice](#).¹ Malnutrition being a result of the failure to realize people's basic human rights, addressing it is indeed a matter of justice. The Scaling Up Nutrition (SUN) Movement's Global Gathering in November 2014 highlighted the need for continuous collaboration of all stakeholders in strengthening nutrition actions in countries. The first Global Nutrition Report presented a clear picture of global malnutrition with emphasis on key successes and inherent challenges. Prime amongst these events in 2014 were the processes that culminated in the Second International Conference on Nutrition (ICN2) in Rome. This galvanized renewed commitments towards ending malnutrition as Member States endorsed the [Rome Declaration on Nutrition](#) and the [Framework for Action](#).

Ensuring access to better nutrition for all people, particularly women and children, remains the central focus of the Rome Declaration. It is also the overarching goal of the SUN Movement. However, if as a global community we are to meet these ambitious – but achievable – goals, we must all continuously and critically review our work to ensure that commitments are translated into actions. We need to continue this momentum throughout 2015 and beyond. For the SUN Movement, the call for greater accountability and the commitment to support country efforts to scale up nutrition will serve as the springboard to its updated strategy beyond 2015.

The broader post-2015 development agenda will offer a platform for stakeholders at international, national and subnational levels to strengthen the monitoring of results and the sharing and learning amongst countries and all stakeholders: governments, donors, civil society and the business sector. Ensuring accountability will encompass the extent to which commitments are made and responsibilities allocated to ensure the goals are achieved. In es-

sence, this framework should provide the necessary grounding for defining clear roles and responsibilities for all stakeholders involved in the struggle for nutrition justice.

At the international level, the United Nations (UN) System has a major role to play in providing the necessary policy guidance and capacity building for nutrition-related actions. While international actors can support with resourcing for accountability, at the national level, governments should continue to take the lead in assessing and implementing targeted measures to improve the nutritional status of all citizens. These actions can further permeate into decentralized governance structures, with emphasis on community-centered and gender-sensitive approaches. Civil society groups also have a vital role to play by embarking on community nutrition sensitization campaigns, advocating for increase in investments, and better nutrition governance and transparency in nutrition spending.

In the SUN Movement, we will continue to work to strengthen the alignment of the four support constituents (UN, donor, business and civil society) towards supporting the 55 countries which have committed to scaling up nutrition. Aligning behind country plans will enhance peer learning and mutual accountability.

Ensuring accountability in the post-2015 development agenda will require the reinforcement of appropriate mechanisms at all levels to measure results. A prerequisite to assessing outcomes is having the necessary information and corresponding monitoring and evaluation systems to track and analyze progress. This is highlighted in the Global Nutrition Report, which identifies the enormous [data gaps](#) in global malnutrition prevalence and advocates for credible and timely data to hold stakeholders accountable for their commitment to deliver nutrition services. Having such robust systems in place enables gov-

¹ Nutrition justice came up in the 2013 Scaling Up Nutrition Movement Global Gathering in a statement from civil society representatives on the SUN Lead Group to highlight the importance of a rights-based approach placing people at the centre of policy-making.

ernments to assess the impact of their policies and programmes and course-correct as necessary.

The experience of countries in the SUN Movement highlight the importance of going beyond collecting data to developing capacity for studying data in a way that can influence policy-making and implementation. This understanding forms the bedrock of the approach developed and tested within the SUN Movement to support the establishment and use of nutrition information platforms at national and subnational levels. The intended platforms can help to monitor progress and determine associations to build plausible arguments on the (cost) effectiveness of different interventions and strengthen mutual accountability.

Accountability in the post-2015 development agenda should help identify the roles and responsibilities of actors at different levels while ensuring appropriate mechanisms to measure progress. Both are dependent on the capacity to monitor and implement actions, and more importantly, the availability and access to financial resources. While several commitments have been made by governments and key actors at the [Nutrition for Growth summit](#) in 2013, among other events, it remains vital to put in place measures to track these commitments.

Tracking commitment can be achieved through joint partnerships and advocacy for better transparency. Conscious efforts need to be made to improve transparency in nutrition spending by encouraging consistent tracking and reporting by donors and national governments. The SUN

Movement will continue to prioritize mobilizing political support, aligning behind a common results frameworks in countries and ensuring the devotion of sufficient amounts of resources to nutrition actions. It has already initiated actions to help governments track the amount of resources allocated to nutrition-specific and nutrition-sensitive actions.

Ensuring better accountability for nutrition in the post-2015 development agenda begins with expressing the need for nutrition indicators within the Sustainable Development Goal 2 (SDG2) on ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture. Again, there is still an opportunity for more nutrition indicators by linking these to the other SDGs, especially the positive correlation between the empowerment of women and girls to the nutritional outcomes of all.

The six global nutrition targets agreed by Member States at the World Health Assembly (WHA) in 2012 provide a platform which can be reinforced using the post-2015 agenda. Integrating the WHA targets will help build upon the ongoing multistakeholder planning and actions in countries towards the achievement of the targets. This will ensure the sustainability of nutrition efforts at the global and national levels while maintaining nutrition as a priority during and beyond the next decade. Having nutrition imprinted in the SDGs framework will provide the necessary stepping stone for setting up and strengthening accountability frameworks to monitor and demonstrate results.

Agriculture–Nutrition Community of Practice (Ag2Nut CoP)

Who are we?

We are a global network of professionals working on issues pertaining to the intersection of agriculture and nutrition. The group is informal, and designed to facilitate information sharing and networking.

What are the objectives of the CoP?

The CoP is designed to be a virtual space for sharing resources to build a common evidence pool, facilitating communication across sectors, and developing key messages to communicate to the broader development community. We wish to break down the silos that separate agriculture from nutrition through creating opportunities for cross-sectoral dialogue on issues of mutual interest. The group has facilitated face to face meetings at various conferences and events since mid-2010, held periodic thematic discussions by conference call, and disseminated research findings/tools/guidance materials. The outcomes of the group evolve with the needs of the members.

How to join?

You can subscribe by clicking [here](#).





SECTORAL PERSPECTIVES

UN Perspective

Extension of the WHO maternal, infant and young child nutrition targets to 2030

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Author statement: The authors declared not having any conflict of interest.

KEY MESSAGES

- The formulation of the nutrition targets for the Sustainable Development Goals should build on the 2012 World Health Assembly Global Nutrition Targets.
- With sustained global commitment, progress on stunting, exclusive breastfeeding, low birth weight, and wasting needs to continue for another five years beyond 2025, on its path to full achievement of optimal nutrition for all populations.
- The beginning of a reversal in childhood overweight can be expected.
- Further discussion with governments and development actors is needed to consider country and regional targets, and to fine-tune the global ambitions, in order to provide a way forward on the agenda for global development.

In 2012, all 194 Member States of the World Health Organization (WHO) endorsed six global targets for improving maternal, infant and young child nutrition by the year 2025. As development plans are established beyond the next decade and Sustainable Development Goals (SDGs) are negotiated, Member States and other stakeholders requested that WHO develop scenarios of a 2030 expectation on those targets. This paper proposes 2030 targets for each of the six indicators of maternal, infant and young child nutrition. Its purpose is to contribute to the global development agenda discussions.

In setting nutrition targets, it is important to be ambitious about what can and should be accomplished in the next 15 years. There is a great debate over the level of ambition, between aspiration to drive political commitment and realism to allow concrete planning and to establish sound accountability mechanisms. The World Health Assembly (WHA) in 2012 struck a balance between these two, and this paper adopts the same approach.

Improved nutrition is critically important to the health and survival of mothers and their children. At the same time, nutrition targets need to be realistic. To assess what

can realistically be achieved by 2030, we considered the progress achieved by all countries in each of the targets, looking at the prevalence in countries where nutrition is the best as well as the rate of improvement in countries that have invested in nutrition. We also examined literature on effective interventions that can be scaled up.

Stunting in children under 5 years of age

To reach the 2025 global target (40% reduction in the number of stunted children, from 171 million in 2012 to 102 million in 2025), the annual average rate of reduction (AARR) was calculated as 3.9% per year (de Onis et al. 2013). With concerted global efforts to decrease stunting prevalence, such as through the Scaling Up Nutrition (SUN) Movement, combined with reduced rates of population growth (UN Department of Economic and Social Affairs 2013), it should be possible to maintain or accelerate this rate of improvement an additional 5 years. Projecting the same AARR of 3.9% until 2030, the estimated number of stunted children in 2030 should not exceed 86 million. This translates roughly into a 50% reduction in numbers of stunted children compared to the 2012 baseline. Major country and regional differences in the stunting burden exist, and new data on stunting reduction rates is emerging. These estimates would need to be fine-tuned accordingly.

Anaemia in women of reproductive age

The 2025 target is to reduce anaemia prevalence in women of reproductive age by 50%. With an estimated baseline prevalence of 29.4%, the target would be to achieve a prevalence of 14.7% in 2025. This improvement would be equivalent to a 5.2% AARR between 2012 and 2025. Dramatic improvements in women's anaemia have been achieved in Burundi, China, Nepal, Nicaragua, Sri Lanka, and Viet Nam, but each of these countries started at a very high baseline prevalence (WHO 2014a). Countries with a baseline prevalence below 25% have rarely been able to demonstrate sustained improvement in anaemia, and currently only a handful of countries have reached anaemia levels below the 2025 target. While enhanced prevention efforts that include scaled-up programmes to reduce micronutrient deficiencies and improve women's health are desperately needed, it is unrealistic to expect the entire world to achieve a target by 2030 that no country is currently achieving. Therefore, the target for 2030 would be to maintain the levels of 2025, that is, keeping

the prevalence of anaemia in women of reproductive age in 2030 to levels that are 50% lower than those observed in 2012.

Low birth weight

The 2025 target is to reduce the prevalence of low birth weight by 30%, from a baseline of 15% in 2012 (implying an AARR of 2.7%). The causes of low birth weight are multifactorial (Ohlsson and Shah 2008) and interventions are needed in numerous sectors, including nutrition, health services, water and sanitation, family planning, and education (WHO 2014b). Major global initiatives such as the [Every Woman, Every Child](#) effort led by United Nations (UN) Secretary-General Ban Ki-moon, and the [Every New-born Action Plan](#) launched by WHO and the United Nations Children's Fund (UNICEF), are mobilizing resources and attention to improving maternal health to prevent preterm birth and low birth weight. With continued global commitment, a continuation of the 2.7% AARR for an additional five years would result in a reduction in the prevalence of low birth weight of 40% by 2030. This would lead to a low birth weight prevalence of 9%, a level already achieved in a majority of countries (WHO and UNICEF 2004).

Overweight in children under 5 years of age

The 2025 target is to halt the increase in childhood overweight, maintaining the level at the baseline, that is, 6.7%. Some countries, mainly with high income, have documented that the rising prevalence of childhood overweight has begun to plateau (Ogden et al. 2014, Wabitsch et al. 2014), and some have even documented a reversal of past trends (Centers for Disease Control and Prevention 2013). Conversely, obesity is increasing rapidly in most middle-income countries.

The global prevalence of childhood overweight increased from 5.2% to 6.7% in a 12-year period from 2000 to 2012 (UNICEF, WHO and World Bank 2013). With increased understanding of the causes of childhood obesity and application of proven strategies to prevent it, it should be possible to revert back to a similar rate of 5% in an 18-year period. Therefore, a target for 2030 to decrease the child overweight prevalence to 5% or below is recommended. This translates into a 25% reduction from the baseline prevalence of 6.7%.

Exclusive breastfeeding

The 2025 target is to increase the rate of exclusive breastfeeding (EBF) in the first 6 months of life to at least 50%. The baseline prevalence of EBF in 2012 is estimated to be 38%. This implies that the prevalence of EBF needs to increase by approximately 1% per year to achieve the target in 2025. A number of countries have documented substantial improvements in exclusive breastfeeding within a relatively short period of time, when concerted political will and resources have been identified (UNICEF 2013). With increased resources devoted to the promotion, protection, and support of breastfeeding, sustained improvements globally should be feasible. Projecting the same annual percentage point increase until 2030, the target prevalence would be 55%. The prevalence of exclusive breastfeeding already exceeds this level in over 10% of countries, indicating that such a target is ambitious but possible.

Wasting in children under 5 years of age

The 2025 target is to reduce and keep wasting in children below 5%. Globally, the 2012 baseline rate of wasting is estimated to be 7.8%, suggesting that an annual decrease rate of 3.3% is needed to bring that rate down to below 5% by 2025. While wasting tends to rise rapidly in emergency situations, it is also widespread in non-emergency settings. Strengthening health systems to identify and treat acute malnutrition, intensifying prevention strategies during seasonal hunger periods, and integrating nutrition services in safety net programmes can significantly reduce the burden of wasting (WHO, UNICEF and WFP 2014). Nearly half of the countries reporting data on wasting are currently below the target for 2025. Although past improvements in rates of wasting have been quite moderate globally, increased investments in proven solutions can continue to reduce wasting rates through 2030. Continuing the annual decrease of 3.3% to 2030 would result in a global prevalence rate of around 4%. Thus, a 2030 target of reducing and maintaining childhood wasting to less than 4% is recommended, on the way to the full eradication (corresponding to levels of 2.3%).

Conclusion

In summary, there is reason to believe that with continued global commitment, progress on stunting, exclusive breastfeeding, low birth weight, and wasting should continue for another five years beyond 2025, on the way to

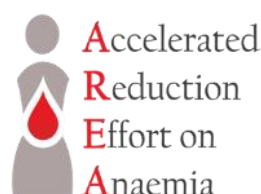
full achievement of optimal nutrition for all populations. The beginnings of a reversal in childhood overweight can be expected. Continued progress on reducing rates of anaemia among women of reproductive age is also needed, but the target for 2025 is itself ambitious. These sustained improvements in maternal, infant, and young child nutrition can only be achieved through significant investment and political will that translates into action at the global, regional, national, and local levels. These proposed 2030 targets, summarized in Table 1, can be used for setting the agenda of global development. Further discussion with governments and development actors is needed to consider country and regional targets and to fine-tune the global ambitions, in order to provide a way forward on the agenda for global development in nutrition.

References

- Center for Disease Control and Prevention (2013) Vital signs: obesity among low-income, preschool-aged children--United States, 2008-2011. *MMWR*, 62(31), pp. 629-34.
- de Onis M, Dewey KG, Borghi E, Onyango AW, Blössner M, Daelmans B, Piwoz E, Branca F (2013) The World Health Organization's global target for reducing childhood stunting by 2025: rationale and proposed actions. *Maternal & Child Nutrition*, 9 (Suppl.2), pp. 6-26.
- Ogden CL, Carroll MD, Kit BK and Flegal KM (2014) Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA*, 311(8), pp. 806-814.
- Ohlsson A and Shah P (2008) *Determinants and Prevention of Low Birth Weight: A Synopsis of the Evidence*. Institute of Health Economics: Alberta, Canada.
- United Nations Children's Fund (UNICEF), World Health Organization (WHO) and The World Bank (2013) UNICEF-WHO-The World Bank: 2012 Joint child malnutrition estimates. Levels and trends. Geneva: WHO. ([online](#))
- UNICEF (2013) Breastfeeding on the Worldwide Agenda: Findings from a landscape analysis on political commitment for programmes to protect, promote and support breastfeeding. New York: UNICEF. ([online](#))
- United Nations (UN) Department of Economic and Social Affairs (2013) World Population Prospects: The 2012 Revision, Volume I: Comprehensive Tables ST/ESA/SER.A/336. ([online](#))
- Wabitsch M, Moss A and Kromeyer-Hauschild K (2014) Unexpected plateauing of childhood obesity rates in developed countries. *BMC Medicine*, 12, p. 17.
- World Health Organization (WHO) (2014a) *Global nutrition targets 2025: anaemia policy brief*. Geneva: WHO. ([online](#))
- WHO (2014b) *Global nutrition targets 2025: low birth weight policy brief* (WHO/NMH/NHD/14.5). Geneva: WHO.
- WHO and UNICEF (2004) *Low birth weight country, regional and global estimates*. New York: UNICEF.
- WHO, UNICEF and World Food Programme (WFP) (2014) *Global nutrition targets 2025: wasting policy brief* (WHO/NMH/NHD/14.8). Geneva: WHO.

Table 1. Proposed 2030 Targets for Maternal, Infant and Young Child Nutrition

Target	2012 baseline	Target for 2030
Stunting 50% reduction in the number of children under 5 who are stunted	171 million	86 million
Anaemia 50% reduction of anaemia in women of reproductive age	29.4%	14.7%
Low birth weight 40% reduction in low birth weight	15%	9%
Overweight Reduce childhood overweight to less than 5% in children under 5	6.7%	<5%
Exclusive breastfeeding Increase the rate of exclusive breastfeeding in the first 6 months up to at least 55%	38%	>55%
Wasting Reduce and maintain childhood wasting to less than 4% in children under 5	7.8%	<4%



Given the extent of the prevalence of anaemia and the resurgence of interest in the prevention and treatment of anaemia, now is an opportune time to **establish a global Community of Practice (CoP) for Accelerated Reduction Effort on Anaemia (AREA)**. This CoP will serve as a sounding board and reference for professionals working to achieve global anaemia and anaemia-related targets.

The AREA CoP will be implemented in collaboration with the United Nations System Standing Committee on Nutrition (UNSCN) and the USAID funded Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project. The mission of the AREA CoP is to create a network of interested committed professionals working to reduce anaemia worldwide, reaching professionals working at the global, regional, national and sub-national levels.

Stay tuned!

UNSCN Nutrition and Climate Change eGroup (NutCC)

Climate Change has been a very important topic of discussion of the UNSCN Working Group on Household Food Security. These discussions resulted in a publication, in 2009, of the [UNSCN Statement on the Implications of Climate Change on Nutrition](#). This was then followed by the [SCN News 38 on Climate Change - Food and Nutrition Security Implications](#), a peer reviewed publication which examined climate change and nutrition across a range of different sectors, using an underlying multisectoral perspective.

The [Nutrition and Climate Change eGroup](#) is an ad hoc online discussion forum, created with the aim of bringing a nutrition lens into climate change issues and increasing the participation of interested sectors to discuss how this can be done and what the priorities are. The eGroup also intends to identify opportunities for the nutrition agenda and weaknesses that hinder the participation of nutrition in such debates.

The eGroup has had a number of concrete results, for example the publication of a [Climate Change and Nutrition Security Policy Brief](#) for COP16 in 2010, the organization of a side event and the publication of a [background paper](#) for COP17 in 2011.

For more information, and to join the eGroup click [here](#).



Academia Perspective

Stunting as a Sustainable Development Goal

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While children's nutrition has always been important to development, it has not always appeared high on the agenda of governments or donors. Measures of children's nutrition, specifically their height, depend on dietary intake (quality and quantity) for the first 1000 days, i.e. for the mother during pregnancy, and for the child during the first 2 years of life. It also depends on health status, and is affected by improvements in sanitation and reduced infection, as well as the quality of care received by the child. Because height is easily measurable, stature relative to international standards¹ for children of a given age and sex is a good indicator of the quality of the early life environment. Inadequate nutrition is also a major contributing factor to child mortality. Thus, improving the nutritional status of children is intrinsically valuable. Beyond this, and the focus of this note, is a large body of evidence that shows that good nutrition has life-long economic consequences. For all these reasons, the Open Working Group has rightly so included stunting as a target in the Sustainable Development Goals (SDG) framework.

To understand the economic effects of poor nutrition, and in particular the economic effects of chronic undernutrition, it is important to recognize that chronic undernutrition in the first 1000 days has long-term adverse consequences. Drawing on COHORTS (Consortium on Health-Orientated Research in Transitional Societies) data from five countries (Brazil, Guatemala, India, Philippines and

South Africa), Stein et al. (2010) show that growth failure in the first 24 months of life is associated with reduced stature in adulthood. Coly et al. (2006) and Alderman, Hoddinott and Kinsey (2006) obtain similar findings in Senegal and Zimbabwe. The magnitudes of this loss of growth can be large. In their Senegalese study, the authors found that the age-adjusted height deficit between stunted and non-stunted children was 6.6 cm for women and 9.0 cm for men (Coly et al. 2006). The economic consequences are captured in associations between height and outcomes in the labour market in developing countries. For example, Thomas and Strauss (1997) find that in Brazil, a 1% increase in height leads to a 2.4% increase in adult male earnings (Thomas and Strauss 1997).

Chronic undernutrition has neurological consequences that lead to cognitive impairments with the prefrontal cortex being especially vulnerable. Evidence that undernourished children score poorly on tests of attention, fluency and working memory are consistent with this. Undernutrition adversely affects the hippocampus by reducing dendrite density and by damaging the chemical processes associated with spatial navigation, memory formation and memory consolidation. Chronic undernutrition results in reduced myelination of axon fibers, thus reducing the speed at which signals are transmitted. Lastly, chronic undernutrition damages the occipital lobe and the motor cortex leading to delays in the evolution of lo-

¹ Children's nutritional status is expressed in terms of z-scores. For example, for height it is calculated by taking the difference between a child's height and the median height of a well-nourished child of the same age and sex, derived from an international reference standard and dividing the difference by a standard deviation. This is called the height-for-age z-score (HAZ). Children with HAZ of -2 or lower are considered stunted.

comotor skills (Levitsky and Strupp 1995, Hoddinott et al. 2013a). These cognitive impairments have long-term consequences. Kar, Rao and Chandramouli (2008) find that in Indian children aged 5–7 years and 8–10 years, stunting affects the development of higher cognitive processes such as tests of attention, working memory, learning and memory and visuospatial ability. In both Guatemala and Zimbabwe, a 1 standard deviation increase in HAZ increases grade attainment by approximately 0.75 grades (Hoddinott et al. 2013a); in their Zimbabwean data, Alderman et al. (2006) find that shifting a child from being stunted to being well-nourished would increase schooling by 1.25 grades. Hoddinott et al. (2013b) show that a 1 standard deviation increase in HAZ increases adult test scores for reading and nonverbal cognitive skills by 0.28 and 0.25 standard deviations respectively. The economic consequences of these cognitive impairments arise because of the well-documented links between schooling, cognitive skills and earnings and income in adulthood. Across a range of countries, being literate raises earnings by 10% and an additional grade of schooling, controlling for literacy, raises earnings by an addition 5% (Hanushek and Wößmann 2008). In Guatemala, Behrman et al. (2010) find that an additional grade of schooling raises wages by 9% and that an increase of 1 standard deviation in tests of reading and vocabulary raises wages by 35%.

Do these economic benefits, by themselves, provide a justification for investments that reduce chronic undernutrition and their inclusion in the SDGs? We (Hoddinott et al. 2013a, Horton and Hoddinott 2014) attempt to answer this question by calculating benefit: cost ratios of a package of nutrition interventions aimed at reducing stunting. The costs are calculated from the evidence-based package of interventions described in Bhutta et al. (2013). This package of interventions addresses both acute undernutrition as well as reducing stunting by 20%. The benefits are calculated from the results from a longitudinal study of approximately 1450 Guatemalans who were followed up in adulthood, 2 to 3 decades after they participated in a controlled trial of a nutrition supplement in childhood. The key finding from this study is that individuals who were not stunted at age 2 were less likely to be poor in adulthood and to have higher levels of income and consumption. This information allows us to calculate the increase in incomes that would occur when investments are made to reduce stunting. A complication is that while the costs of averting stunting occur in utero and the first 2

years of life, the income gains occur much later. In order to value these future incomes in terms of money today, we calculate their discounted present value or more simply their present value. This calculation requires a discount rate. We assume a discount rate of 5% (equivalent to saying that US\$1 today is worth US\$1.05 one year from now).

Table 1 summarizes these calculations for a cohort of children born in 2015, who receive the interventions up until age 2, who enter the labour market at age 21, and for whom the benefits are modelled until they reach age 36. The calculated benefit:cost ratios range from 3.5:1 (Democratic Republic of the Congo) to 42.7 (Indonesia). The variations depend on the country's current level of income, projected growth rate, the current rate of stunting, and other parameters. Countries which are growing faster and/or have higher incomes have higher benefit:cost ratios, because the absolute dollar value of the benefits (due to higher wages) is greater, while there is less variation in costs of the nutrition intervention.

The results presented in Table 1 assume that individuals work only until the age of 36 or that the benefits of improved nutrition stop at age 36. Horton and Hoddinott (2014) relax this assumption. They use the same methodology but assume that the benefits, in terms of the increase in income, continue until either age 50 or 60. Unsurprisingly the benefits and benefit:cost ratios are larger than in Table 1. They are also larger if we use a lower discount rate such as 3%.

Any investment with a benefit:cost ratio that exceeds 1 is a good investment. **By this standard, the benefit:cost ratios reported in Table 1 indicate that investments to reduce chronic undernutrition are excellent investments.** Even under fairly conservative assumptions, a discount rate of 5% and assuming benefits accrue only to age 36, the benefit:cost ratios are high. These economic benefits derive largely because averting chronic undernutrition gives children greater capacity to learn, learning is rewarded in the labour market with higher wages and higher wages reduce poverty. These economic benefits should be seen as a complement, not a substitute, for the intrinsically valuable goal of eliminating chronic undernutrition in young children. Both provide powerful rationales for including the reduction of stunting in the SDGs framework.

References

- Alderman H, Hoddinott J and Kinsey B (2006) Long term consequences of early childhood malnutrition. *Oxford Economic Papers*, 58 pp. 450-474.
- Behrman J, Hoddinott J, Maluccio J and Martorell R (2010) *Brains versus brawn: Labor market returns to intellectual and physical health human capital in Guatemala, mimeo*. Washington DC: International Food Policy Research Institute.
- Bhutta Z, Das J, Rizvi A, Gaffey M, Walker N, Horton S, Webb P, Lartey A and Black R for the Lancet Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group (2013) Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet*, 382, pp. 452-477.
- Coly AN, Milet J, Diallo A, Ndiaye T, Benefice E, Simondon F et al. (2006) Pre-school stunting, adolescent migration, catch-up growth, and adult height in young Senegalese men and women of rural origin. *Journal of Nutrition*, 136, pp. 2412-2420.
- Hanushek EA and Wößmann L (2008) The role of cognitive skills in economic development. *Journal of Economic Literature*, 46, pp. 607-668.
- Hoddinott J, Alderman H, Behrman J, Haddad L and Horton S (2013a) The economic rationale for investing in stunting reduction. *Maternal and Child Nutrition*, 9(Suppl 2), pp. 69-82.
- Hoddinott J, Maluccio J, Behrman J, Martorell R, Melgar P, Quisumbing AR, Ramirez-Zea M, Stein AD and Yount KM (2013b) Adult consequences of growth failure in early childhood. *American Journal of Clinical Nutrition*, 98, pp. 1170-1178.
- Horton S and Hoddinott J (2014) *Food security and nutrition perspective paper*, Copenhagen Consensus Center, Copenhagen.
- Kar BR, Rao SL and Chandramouli BA (2008) Cognitive development in children with chronic protein energy malnutrition. *Behavioral and Brain Functions*, 4, pp. 1-31.
- Levitsky D and Strupp B (1995) Malnutrition and the brain: Changing concepts, changing concerns. *Journal of Nutrition*, 125 (Suppl 8), pp. 2212S-2220S.
- Stein AD, Wang M, Martorell R, Norris SA, Adair LS, Bas I et al. (2010) Growth patterns in early childhood and final attained stature: Data from five birth cohorts from low- and middle-income countries. *American Journal of Human Biology*, 22, pp. 353-359.
- Thomas D and Strauss J (1997) Health and wages: Evidence on men and women in urban Brazil. *Journal of Econometrics*, 77, pp. 159-187.

Table 1. Benefit:cost ratio per child for nutrition investments in 15 countries

Source: Hoddinott et al. (2013a)

Present value of:			
Country	Cost (US\$) per person of package of interventions to avert stunting (Costs)	Economic benefits (US\$) of package of interventions to avert stunting (Benefits)	Benefit:cost ratio
Indonesia	94.83	4522	47.7
Philippines	94.83	4150	43.8
India	97.11	3745	38.6
Vietnam	94.83	3351	35.3
Pakistan	97.11	2810	28.9
Nigeria	102.99	2508	24.4
Sudan	102.50	2358	23.0
Bangladesh	97.11	1735	17.9
Kenya	102.50	1563	15.2
Tanzania	102.50	1499	14.6
Uganda	102.50	1330	13.0
Nepal	97.11	1253	12.9
Ethiopia	102.50	1088	10.6
Madagascar	102.99	1012	9.8
DRC	102.50	359	3.5

Donor Country Perspective

The post-2015 development agenda: navigating the final stages of negotiations for people and planet

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Author statement: The author declared not having any conflict of interest.

The history of the world is dotted with key moments in which leaders have taken specific actions, positive and negative, which have impacted upon their societies for decades and sometimes centuries to come. The year 2015 could well prove to be one of those moments.

This year, three major multilateral negotiation processes on development finance, on the post-2015 development agenda and on climate change are set to conclude. If the international community can find the courage, wisdom and foresight needed, 2015 can be the year when the world united to transform societies and economies for both people and planet.

As Ireland's Permanent Representative to the United Nations, I was appointed last October, together with Ambassador Macharia Kamau of Kenya, to co-facilitate the negotiations of one of these processes – the process to agree on the post-2015 development agenda. This is both a great honour and a great responsibility.

The post-2015 development agenda will replace the Millennium Development Goals (MDGs). It will set out a programme of action for the world for the next 15 years, focussed on ending poverty, hunger and environmental degradation.

At the heart of the new agenda will be a set of Sustainable Development Goals (SDGs). Unlike the MDGs, they will be applicable to each and every country in the world – to Ireland, India and Ivory Coast alike. There are currently 17 goals and 169 targets which are comprehensive and interdependent. In essence, they seek to promote dignity and equality, inclusive and sustainable economies, peaceful, just and well-governed societies and

a healthy natural environment. A key aspect of the SDGs is their focus on ensuring that nobody is left behind, hence the significant focus on prioritizing support for the most vulnerable and marginalized groups. The SDGs will serve as a tool for governments and other actors to mobilize resources and manage the change required.

A second component of the post-2015 agenda, which is as fundamental to achieving change as the SDGs themselves, is a meaningful and ambitious global agreement on resources, both financial and non-financial, to support implementation. Here, we need to catalyse a new global partnership based on our common interest and on global solidarity. Through the [Addis Conference on Financing for Development](#) in July 2015, Member States will be asked to make major commitments across areas such as trade, debt, technology, capacity development, innovation, public and private finance and an enabling policy environment. This process also presents significant opportunities for new innovative partnerships between all stakeholders.

A third component is a framework to monitor progress on the SDGs, and targets and commitments to support implementation. This framework will see governments account to their own people for the promises they make at both the Financing Conference in Addis in July and at the United Nations (UN) Summit to adopt the post-2015 agenda in September. It will also enable the international community and civil society to review global progress and identify best practices. And it will enable policy-makers to apply the lessons learned from implementation in other countries and regions to help advance progress.

These are the three main components and they will be

accompanied by an introductory declaration which will speak directly to the peoples of the world, communicate clearly the core changes which this new agenda is seeking to bring about and call on all stakeholders to get involved and take action for people and planet.

Fighting global hunger in the post-2015 development agenda

The persistent scandal of global hunger is one of the challenges which the post-2015 development agenda must address. Over 800 million people still suffer from hunger today.

Fighting global hunger – a priority for Ireland

Since the [Irish Hunger Task Force report in 2008](#), Ireland has become a global leader and advocate on the issue of global hunger, and in particular on the urgent need to tackle maternal and child undernutrition. Our approach to hunger exemplifies the interconnectedness of development assistance and foreign policy. Fighting global hunger is at the heart of Ireland's aid programme; in 2013, Ireland's Prime Minister, *An Taoiseach* Enda Kenny, committed Ireland to doubling our development funding for nutrition by 2020.

Our nation's experience of famine in the 1840s has shaped our society, instilling in us the values that we have come to represent at home and abroad. Irish people have shown time and time again that the plight of the poorest and most vulnerable is not something that we will ignore, even during difficult times at home.

Ireland's main focus is on the insidious problem of malnutrition, especially child stunting. Undernutrition saps the potential of children, communities and nations. According to the [2013 Lancet Series on Maternal and Child Nutrition](#), undernutrition is the biggest underlying cause of deaths in children under 5 years of age. It causes 8000 child deaths every day. And the impact of undernutrition is not just felt by the individual. It affects families and communities; its effects echo through generations, impacting on a nation's future, its potential to grow and prosper. In purely economic terms, it has been estimated that the costs of undernutrition can decrease a country's gross domestic product (GDP) by at least 2–3% annually.

In individual terms, it can condemn people to live,

throughout their lives, in poor health and in poverty.

For us, two issues are essential to delivering sustainable improvements in food and nutrition security.

First, ending hunger and malnutrition is not just about money. We have heard time and again that a multipartner approach is necessary to deliver long-term solutions to hunger and to food and nutrition insecurity, and that donor and developing partner countries, the UN System and other partners must work better together. Following the adoption of the post-2015 development agenda, we must move beyond rhetoric and forge smart and strategic partnerships where it matters most, at country level.

We need partnerships to share skilled expertise with countries with high burdens of malnutrition; partnerships across line ministries to ensure an effective coordinated national response to hunger and undernutrition. We need implementation partnerships to ensure that pro-poor agricultural research is used in smallholder farmers' fields to help them to produce more and better food for their families and their communities. And we need partnerships between governments, academic institutions and schools to ensure that nutrition and health education becomes an integral part of education curricula. Public-private partnerships are also essential, not only to securing much needed investment in agriculture and nutrition, but also to implementing innovative and sustainable market-based solutions at scale, including by producing more affordable nutritious food products, fortifying food staples, better food labelling and messaging, and advocacy for better nutrition and behaviour change.

The Scaling Up Nutrition (SUN) Movement epitomizes the type of partnership we need in this area. Since 2010, it has brought all stakeholders together under one roof to support developing governments' own efforts to address undernutrition. And to realize the UN Secretary-General's vision for a future of "Zero Hunger", we need to bring small individual donor and nongovernmental organization programmes to scale. We cannot apply yesterday's solutions to today's or tomorrow's challenges.

Second, climate change represents one of the main obstacles to achieving food and nutrition security, and Irish Aid is investing in research on what works for poor, smallholder farmers who bear the brunt of the challenge.

We have to include these farmers in our dialogue at all levels. Many of them, of course, are women whose simple priority is the survival of their children. They tell us we need to innovate in conservation agriculture. And Irish Aid is responding in Ethiopia, in Malawi, in Mozambique and in Zambia, including through local governments. The post-2015 agenda will address these key issues, but the outcome of the [Climate Conference in Paris](#) will be equally important.

Conclusion

In the coming seven months, Ireland will play its part in ensuring that 2015 will be a truly transformative year. But, to agree the most ambitious outcome possible, each and every actor, citizen and organization has a part to play. I therefore encourage you to spread the word about the post-2015 development agenda and to join us on this journey to September 2015 and to our desired outcome in 2030: a world free from poverty, hunger and environmental degradation.

Donor Country Perspective

A Member State perspective on the Second International Conference on Nutrition (ICN2)

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Author statement: The author declared not having any conflict of interest.

The Second International Conference on Nutrition (ICN2), which was jointly organized by the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) from 19 – 21 November 2014 in Rome, was the first international Member State conference to address nutrition issues in the 21st century. Over 2200 people participated in ICN2, including eminent personalities, 162 Member States of FAO and WHO, one Associate Member and the European Union (EU), three Observer States, accredited observers, parliamentarians, opinion leaders, researchers and representatives of civil society organizations and private sector. The conference set the course for a world without hunger and without any form of malnutrition. The outcome of the negotiations are the [Rome Declaration on Nutrition](#) and the [Framework for Action](#) (FfA).

How are the ICN2 commitments and recommendations implemented in an individual Member State? Let us look at the Federal Republic of Germany. Firstly, Germany would like to join many other Member States in thanking FAO, WHO and sister United Nations (UN) Agencies for

organizing the conference. Our country shares the strong commitment to combat hunger and malnutrition, and sustainably improve nutrition and dietary habits. All countries should now endeavour to translate the Rome Declaration's commitments and 60 FfA recommendations into concrete country actions that respond to the country's individual needs, either through the development of a concrete yet ambitious action plan or through the review and update of existing action plans. Such an action plan has already been in existence in Germany since 2008. Many of the 60 FfA recommendations are in fact already implemented as part of the national action plan, also known as "[IN FORM – Germany's initiative to promote a healthy diet and physical activity](#)". The goal of this action plan is to bring about lasting improvements in dietary and exercise habits by 2020. In Germany, there is still need for action. The 2008-2011 German Health Interview and Examination Survey for Adults (DEGS I) (RKI 2013) shows that 67% of men and 53% of women in the country are overweight or obese, while 15% of children and youth under 18 years of

age are also affected. Germans are also physically inactive: 37% of men and 38% of women do not engage in any kind of sports activities.

Through the IN FORM plan, the German government aims to foster healthier environments for children to grow up in, to encourage adults to adopt healthier lifestyles and to see society as a whole enjoy a higher quality of life and physical fitness. Appropriate measures to prevent poor dietary habits, to increase physical activity and to reduce overweight and related diseases have been identified, developed and implemented as part of the IN FORM Initiative. However, a lot remains to be done in Germany. A critical review is needed in order to examine whether the IN FORM action plan sufficiently takes social development into account (e.g. the availability of out-of-house care in day care centres, schools, canteens, hospitals and older people's homes), whether educationally disadvantaged social strata are reached, whether communicators are sufficiently involved and whether sufficient data is available in order to evaluate effectiveness and determine the further course of action.

Germany specifically welcomes the emphasis of the Rome Declaration on the importance of food systems to respond to the nutritional needs of people, as well as on the need for countries to invest in the prevention and control of infectious diseases. For Germany, agriculture plays a key role in the food system, as food production is crucial for ensuring adequate nutrition while generating income for the rural populations. Germany emphasizes the need to ensure the strengthening of sustainable farming systems, focusing on small-scale family farming. At the same time, we need to ensure that the population has adequate knowledge about a healthy diet, hygiene and care and a healthy lifestyle at all stages of life. In this context, the diversification of the supply of local nutrient-rich foods is of essential importance.

In the globalized world of today, Germany is not working in isolation and encourages the implementation of the following key actions:

- increase exchanges, collaboration and networking between countries on sustainable food systems;
- ensure that development cooperation projects in all areas funded by Germany are nutrition-sensitive and contribute to the fight against hunger and malnutrition; and especially

- incorporate the fight against hunger and malnutrition in all its forms as a global objective in the sustainable development agenda post-2015.

ICN2 recommended that *“the UN General Assembly endorse the Rome Declaration on Nutrition and Framework for Action and consider declaring a Decade of Action on Nutrition for 2016-2025”* (FAO and WHO 2014, p. 6). Germany believes it is therefore paramount that FAO and WHO provide sustained and coordinated support to Member States to ensure a sustainable and successful follow up of ICN2, through:

- developing clear and concrete workstreams and facilitating discussion through electronic platforms;
- defining clear roles and responsibilities of UN Agencies to avoid overlap (governance);
- using existing communication channels with identified reporting processes and guidelines; and
- acknowledging and supporting the work of successful food and nutrition security initiatives and approaches.

Globally the success of ICN2 will depend on:

- countries worldwide taking necessary and coherent action at national level;
- the international community, including civil society, working together to ensure that the fight against hunger and malnutrition in all its forms is included into the international development agenda in the long term. This includes incorporating ICN2 commitments into the post-2015 development agenda; and
- international organizations efficiently accompanying this process.

Germany stands ready to do its part. A world without hunger, in which people can have enough food and also eat a well-balanced diet is possible. The Group of Seven (G7) can actively support this. Therefore Germany, having the presidency of the G7 in 2015, has put food security and nutrition on the G7 agenda for the June 2015 summit.

References

Food and Agriculture Organization of the United Nations (FAO) and World Health Organization (WHO) (2014) *Conference Outcome Document: Rome Declaration on Nutrition*. Second International Conference on Nutrition, Document ICN2 2014/2. Rome. ([online](#))

Robert Koch Institute (RKI) (2013) German Health Interview and Examination Survey for Adults 2008-2011. ([online](#))

Civil Society Perspective

Nutrition post-2015: hope for Zambia's nutrition development

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Introduction

Malnutrition continues to weigh heavily on development efforts in Zambia. Like trying to juggle a double-edged sword, Zambia is experiencing the double burden of malnutrition: the prevalence of stunting at an alarming 40%, while those who are overweight or obese constitute around 23% of the population in the country (CSO et al. 2014). Despite these high rates, nutrition has historically remained largely a silent crisis with limited attention in the country's development agenda. Notwithstanding its impact on Zambia's future, malnutrition did not make national headlines.

However, recent efforts, in response to the global Scaling Up Nutrition (SUN) Movement, offer some hope. A drive to invest in nutrition at the global level has spurred greater action in Zambia. The SUN Movement is a renewed effort to eliminate all forms of malnutrition, based on the principle that everyone has a right to food and good nutrition (SUN 2014). The Zambia Civil Society Scaling Up Nutrition Alliance (CSO-SUN),¹ which is part of the SUN Movement's Civil Society Network (SUN CSN), sees in the Sustainable Development Goals (SDGs) an opportunity to continue to bring global attention to addressing nutrition challenges in the coming years, along with SUN. In this paper, we explore potential of these global movements in the context of Zambia for the SDGs, based on the lessons learned from the Millennium Development Goals (MDGs).

Current efforts on nutrition in Zambia

Since 1967, the Government of Zambia has taken steps to address the country's nutrition challenges. The most important milestones in government efforts towards addressing malnutrition include the establishment of the National Food and Nutrition Commission (NFNC), through an Act of Parliament in 1967. Additionally, the development of the National Development Plans (NDPs), both the Fifth (2005–2010) and the Sixth (2011–2015) NDPs further recognized high levels of malnutrition in the country. The National Food and Nutrition Strategic Plan (2011–2015), which mainly addresses undernutrition and not necessarily the double burden of malnutrition, is a concrete plan that is in alignment with the National Food and Nutrition Policy adopted in 2006 (Ministry of Health 2011). Despite these efforts, the Zambia Demographic Health Survey 2013–2014 indicates that the country still faces alarmingly high levels of malnutrition, with no meaningful reduction since 1992 (CSO et al. 2014). Analysis from the CSO-SUN Alliance attributes this to poor implementation of nutrition policies and programmes, for example due to budgetary allocation constraints (CSO-SUN 2014).

Zambia joined the (SUN) Movement in 2010, and this has contributed to build an important foundation for advancing nutrition in the country, including increased top-level political commitment. The increased attention nutrition has received was reflected, for example, in the

¹ The CSO-SUN Alliance in Zambia is composed of community-based organizations, national level nongovernmental organizations (NGOs) and international organizations working towards a Zambia where every mother and child has access to adequate nutrition. The Alliance is the most active and the only nutrition-specific advocacy coalition in Zambia. CSO-SUN is open to both local (national and community) and international membership. The majority of members are derived from the local NGO pool in Zambia.

commitment by the Zambian Vice-President to reducing chronic undernutrition by 50% in the next 10 years (from 2013), at the June 2013 Nutrition for Growth Summit in London (Nutrition for Growth 2013). Generally, although implementation has been slow, Zambia is now promoting an institutional reform to scale up nutrition-specific interventions and to promote nutrition-sensitive development, and various stakeholders have perceived an increased concerted effort for improving nutrition since 2010. Other achievements include the launch of the Zambia National 1000 Most Critical Days Program, the development of the first Nutrition Workforce Plan, the establishment of a Cabinet Steering Committee on Nutrition in 2014, and increased (though yet insufficient) nutrition budgets.

This progress has been supported by civil society action through the CSO–SUN Alliance, for example through awareness raising, advocacy for appropriate policy interventions, and capacity building of civil society organizations to influence national as well as global efforts. This includes repositioning civil society to contribute effectively by engaging in global and national development processes, such as the SDGs and national development plans, where civil society works to ensure that priority is given to nutrition and that these plans are nutrition-sensitive.

Civil society organizations in Zambia have also succeeded in building a relationship with Parliament, and are given an opportunity to discuss nutrition in the different specialized parliamentary committees. In this regard, members of parliament and civil society are looking forward to the prioritization of nutrition in the SDGs, as this would help creating demand for nutrition in policy-making processes and certainly increase accountability.

Zambia's progress towards achieving MDGs: lessons learned for the post-2015 context

Zambia's progress on many of the MDGs targets is encouraging, but not sufficient. The country will meet and exceed the goals on HIV and tuberculosis, and progress has been observed on reducing the prevalence of underweight in children under 5 years of age, and increasing gender equality in primary schools. Regrettably, areas such as improved sanitation, environmental sustainability, and gender equality in political representation have seen some reversal. Extreme

poverty (MDG1) is decreasing, but at a very slow pace, and the country is not likely to meet this goal. Child mortality (MDG4) has declined by almost 30% since 1992, but is still unacceptably high, and the decline in maternal mortality is insufficient to reach the 2015 target (UNDP 2013).

Important lessons have been learned from the MDGs process in Zambia, which can help on the way forward with the SDGs. Here we mention a few:

- 1) The MDGs framework provided civil society a legitimate platform on which to lobby government to invest in key interventions to promote socioeconomic development. It became common among civil society representatives to talk about the need to “MDG-ize” the Fifth National Development Plan (FNDP) at the time of its development, meaning to align the plan with priorities identified in the MDGs framework. The resulting FNDP makes reference to the MDGs across all its target areas (Ministry of Finance 2006), demonstrating how such a global process helps promote alignment of national development plans. With this experience, civil society is expectant that the SDGs will deepen understanding and importance of nutrition, hence becoming central to the national development planning process.

- 2) The Government of Zambia showed commitment to addressing the high levels of poverty through various initiatives that were responsive to the push from the MDGs. Heightened reporting on the various Millennium Development Goals and targets gave a center stage to many little known development acts at the time. For example, the Mines and Minerals Development Act of 2008 was primarily aimed at increasing the level of investment in the mining sector, in order to increase the prospects of revenue generation that would help support the development efforts in the country (Government Republic of Zambia 2008). This again shows the potential that the SDGs have in helping shape the national agenda in the right direction.

- 3) Resulting from all the comprehensive processes that followed to reflect the MDGs in-country, the government realigned most national policies and associated interventions to be consistent with the MDGs. However, despite the efforts from stakeholders to ensure the availability of funding to implement the MDG-aligned plans, the government

could not effectively scale up expenditures (Civil Society for Poverty Reduction 2010). Therefore, to a large extent, there was not enough of a shift in allocation of resources from low to high priority areas in line with the MDGs, although plans and policies were developed. For the SDGs, an important step further would be to ensure that commitment with goals is accompanied by commitment with adequate funding to implement measures to achieve such goals.

4) The MDGs process revealed that Zambia continues to face bottlenecks that preclude major policy and institutional reforms, and as a result affects the overall degree of implementation of the MDGs (UNDP 2013). More attention is needed for the institutional problems that negatively affect the implementation of important policies, including those related to nutrition.

5) Although nutrition was included at policy level, since it was not explicit in the MDGs framework and not recognized nationally as an economically important element for national development, nutrition did not assume a centre position in development efforts, as it could have. The situation has now improved, as nutrition has gained more attention thanks to SUN Movement and recent policy developments in the country, as mentioned above. Together with the more explicit positioning of nutrition in the SDGs framework (including relevant nutrition indicators for the monitoring of several goals and targets), this may lead to an increased visibility for nutrition in national development plans. The SDGs can help ensure that the progress achieved is sustained and accelerated. Bringing nutrition into the public policy limelight and keeping it there will push government to demonstrate progress on performance on national development targets in global gatherings, such as the United Nations General Assembly.

6) There is little public awareness on the MDGs, even among target beneficiaries. This contributes to a lack of ownership among people living in poverty and it has prevented holding leaders accountable. It is therefore important that mechanisms are put in place to ensure that the post-2015 development agenda and the initiatives against malnutrition in all its forms are locally owned.

Conclusion

The current prevailing situation regarding the status of malnutrition in Zambia illustrates that the efforts so far have not been sufficient. The world will draw stakeholders' attention to the fight against malnutrition in all its forms by agreeing on the proposed SDGs, including SDG2 that encompasses ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture. This will indeed help to raise the political profile of nutrition globally, and in Zambia. It can transform policy-making in countries, by helping to ensure increased commitment and ownership to addressing nutrition as a top priority on the national development agenda, with increased investments and improved accountability.

From the Zambian civil society perspective, and as illustrated above, the SDGs can support and legitimize a push for the nutrition agenda to be a priority on the government development agenda, and to keep it there. Unlike at the time of the MDGs, civil society is now more organized in the country with increased capacity and support: it stands ready to contribute to ensure that the SDGs are properly incorporated in national development policies.

References

- Central Statistical Office (CSO), Ministry of Health, Tropical Diseases Research Centre, University of Zambia and Macro International Inc. (2014) *Zambia Demographic and Health Survey 2013/2014*. Maryland: CSO and Macro International Inc.
- Civil Society for Poverty Reduction (2010) *Budget Tracking report*. Lusaka: Civil Society for Poverty Reduction .
- Civil Society Scaling Up Nutrition Alliance (CSO–SUN) (2014) *Budget Analysis Presentation to Zambian Parliament's Expanded Committee on Estimates of Revenues and Expenditures*. Lusaka: CSO–SUN.
- Government Republic of Zambia (2008) *The Mines and Minerals Development Act*, No.7 of 2008. Lusaka: Government Printers.
- Ministry of Finance and National Planning (2006) *The Fifth National Development Plan 2006 – 2010*. Lusaka: Government Printers.
- Ministry of Health (2011) *National Food and Nutrition Strategic Plan*. Lusaka: Government Printers.
- Nutrition for Growth (2013) *Nutrition for Growth Executive Summary*. London. ([online](#))
- Scaling Up Nutrition (SUN) (2014) *An introduction to the Scaling Up Nutrition Movement*. Geneva: SUN.
- United Nations Development Programme (UNDP) (2013) *Millennium Development Goals Progress Report, Zambia 2013*. Lusaka: Horizon Printing Press.

Civil Society Perspective

The human right to nutrition security in the post-2015 development agenda

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The unfinished agenda of the Millennium Development Goals (MDGs)

Until 2016 and before starting the era of the Sustainable Development Goals (SDGs), we are still working to achieve the Millennium Development Goals (MDGs). Despite the considerable progress observed on the MDGs related to health and nutrition,¹ certain fundamental issues remain to be addressed as new targets are formulated and pursued. It is known that health indicators drastically worsen as we move across developed to developing regions, males to females, democratic to politically unstable countries, and from sustainable to ecologically threatened environments.²

The MDGs leave us with an unfinished agenda that will need to be taken into account in the new SDGs. When he set the ball rolling on the post-2015 development agenda, United Nations (UN) Secretary-General Ban Ki-moon proclaimed that “transformation is our watchword” (UN 2014, p.3). He also emphasized that the challenges facing us today are of our own making, and the solutions therefore must come from us. The solutions sought, according to the Secretary-General, have to stand on the following

SUMMARY

This article analyses the Sustainable Development Goals (SDGs) using a human rights lens, in addition to the nutrition lens that is the focus of this *SCN News* issue. We analyse to what extent the SDGs follow the human rights principles of: equality and non-discrimination, participation and inclusion, accountability and rule of law, and the principle that all human rights are universal, indivisible, interrelated and interdependent. We also consider the extent to which the SDGs acknowledge the need to focus on poor and vulnerable people, who are often excluded from policy processes (FAO 2004).

six essential elements: people, dignity, prosperity, justice, partnership and planet. It is a synthesis of these elements which has provided the 17 proposed SDGs. However, only when we take these elements jointly with the human rights principles can we truly transform our world into one where human rights will be respected, promoted and

¹ MDG1, of Eradicating Poverty and Hunger, has been nearly successfully met, with extreme poverty rates reduced to half from the 1990 levels. However, one in nine people in the world still have to cope with hunger as an impediment to human development. The success on the MDG4 of reducing child mortality is reflected in the figures where 17 000 fewer children of ages under 5 die per day compared to the numbers in 1990. While advancements in further reducing this number continue, the glaring detail of this fact is that four out of every five child deaths still happen in the sub-Saharan Africa and in South Asia. MDG5 of improving maternal health has seen a 45% decline in the maternal mortality ratio. However the ratio is 14 times higher for developing regions compared to the developed ones.

² Such variations due to social locations and other factors work towards skewing improvement patterns against certain social groups and regions within countries as well. For instance, Maitra and Ray (2013) show that child malnourishment indicators vary not only according to the gender of the child, parental education, wealth of the households and other such factors, but also show lower values for the region of West Bengal compared to the southern Indian states.

realized. Olivier De Schutter, the former UN Special Rapporteur on the right to food, indicated the need to start a transformative agenda in order to escape from the lock-ins that currently exist in the food system and that came into being because the several elements of our current food system, agriculture, diet and health failed and strengthened each other. He describes the need to work at three levels: strengthen local food systems at community level; supported them by national level policies; and, at international level, coordinate and agree on trade, environmental issues and international aid (De Schutter 2014).

The centrality of gender justice to the human right to adequate food

SDG5 on achieving gender equality and empowering all women and girls does well to bring forth the transformative agenda of the SDGs as pointed out by the Secretary-General, through its appeal for achieving gender justice. Freedom from discrimination and all forms of violence, rejection of patriarchal cultural norms, both economic and social recognition of women's invisible and unpaid labour within and outside the households, their increased and equal participation in societal decision-making, as well as the formalization of their claim on economic and natural resources, informs the contours of SDG5. In fact, the significance of SDG5 and its overarching pertinence to all other SDGs is encapsulated in this idea of Dr. B. R. Ambedkar: "if we are to aspire for an egalitarian society, the overall progress of a community should be measured by the progress achieved by the women of the community" (Bharathi 1998, p.47).³ The targets of gender justice are central for all other goals, and especially so for the goals that are related to nutrition. The realization of this vision also warrants the development of an enabling environment wherein the overbearing power and influence of international financial institutions and corporations is regulated by states with enhanced capacities to protect the rights of women against the adverse impacts of debts, intellectual property rights, and free trade agreements (Scampini 2014). Increased militarism, armed conflict and rising religious fundamentalism have worsened the condition of women in affected areas.

General Comment 12, Committee on Economic, Social and Cultural Rights says:

"The right to adequate food is realized when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement. The right to adequate food shall therefore not be interpreted in a narrow or restrictive sense, which equates it with a minimum package of calories, proteins and other specific nutrients."

Committee on Economic, Social and Cultural Rights (CESCR) (1999, p. 2)

Similarly, the progressive realization of the right to adequate food and nutrition requires governments to respect, protect and promote the right to food of all people. People need to be able to make decisions about their own livelihoods and lives and should be allowed to participate in decisions that affect their lives. An enabling environment for the realization of the right to adequate food is the first obligation a government should meet. This enabling environment should be established at all levels (local, national and international) and should take into account the interdependence of the various elements in our food system.⁴ In line with a human rights-based approach is the need for greater attention to the most vulnerable in society, who are often excluded from government policy processes when the goal of the interventions is based on best return of investments.

Creating an enabling environment can be followed and complemented by more specific measures to ensure nutrition (of specific groups) is taken well into account and promoted. Governments must therefore take steps to adequately target the most vulnerable, among them orphans, the homeless, the disabled and the elderly.

What is crucial is to recognize the indivisibility of all human rights. From a human rights perspective, the sum of all the SDGs is much greater than the whole.

³ Dr B. R. Ambedkar is known as the Father of the Indian Constitution and perhaps the biggest exponent of the struggle for social justice in modern India. He made this remark about women's equal human rights while addressing a very large gathering of discriminated women in India in 1927.

⁴ See more on the Final Report of the Special Rapporteur on the right to food, Olivier De Schutter, *The transformative potential of the right to food*, [available online](#).

The potential of the SDGs

SDG1 of ending poverty in all its forms everywhere identifies US\$1.25 per person per day as the line of extreme poverty that should be overcome by all countries by the year 2030. In addition, this SDG also exhorts all governments to implement nationally appropriate social protection systems and measures for all. The total number of people living in any form of poverty is sought to be reduced by half by 2030.

The debate needs to be centred on rising inequality in the coming years, even with declining rates of poverty. In this sense, SDG10 on reducing inequalities within and among countries is essential. The outcome sought is sustainably lifting incomes of the bottom 40% population, while at the same time achieving the social, economic and political inclusion of people from all marginalized identities. Developing countries should be given greater voice in international decision-making institutions, as should marginalized minorities within national institutions, so as to ensure greater democratic accountability. In this vein, engagements between countries should not be based on single issues such as trade or environment, and not steered by the most powerful stakeholders, but rather by the broader development needs of countries and their populations.

The realization of the SDG1 would undoubtedly mark a historic milestone of human development. The recognition of the multidimensional nature of poverty in SDG1 target 1.2 reflects a heightened sense of interconnectivity of elements that influence food and nutrition insecurity.

In light of this recognition, the SDG2 on ending hunger, achieving food security and improving nutrition and promoting sustainable agriculture is dedicated to food security, nutrition and sustainable agriculture. Safe, nutritious and sufficient food all year round is to be made accessible to all by 2030, so as to end all forms of malnutrition and meet the internationally agreed upon targets on stunting and wasting in children under 5 years of age. Policies should double agricultural productivity, especially for small-scale farms by 2030, “through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment” (OWG 2014, p. 8).

This goal should complement the post-2015 agenda, making the food production system ecologically sustainable, adapted to climate change, and conducive to preservation of genetic diversity of associated life-forms. It links agriculture with diet and health and therefore has the potential to contribute to the transformative agenda as sought by the UN Secretary-General in his synthesis report. Investments in this direction should be guided in the interest of enhancing the productive capacity of the developing and least developed countries, in line with the mandate of the Doha Development Round and the commitments of the [Rome Declaration on Nutrition](#), following the Second International Conference on Nutrition (ICN2). It must place agroecology as a pressing priority for governments, the UN, civil society and communities.

But so far the world’s progress on reducing malnutrition has been uneven and far from satisfactory. The disappointing performance on the World Health Assembly’s (WHA) six nutrition targets (WHO 2015) (stunting, anaemia, low birthweight, wasting, overweight and exclusive breastfeeding) revives the apprehension that if the complexity of nutrition goals are not fully comprehended by governments, they might end up simply focussing on the greater political appeal of reducing hunger. Solely focusing on increasing dietary energy consumption will not adequately address the six WHA nutrition targets.

Epidemics like AIDS, tuberculosis (TB), malaria, water-borne diseases and other noncommunicable illnesses are a huge challenge. SDG3 commits to ensuring healthy lives and promote well-being for all at all ages. The targets of this goal lay special focus on drastically reducing the maternal mortality ratio, ending preventable deaths of infants and children under 5 years of age and reducing premature mortality from noncommunicable diseases. The developing and least developed countries⁵ (LDCs) are bearing the brunt of most of these diseases. Specific endeavours to curb these epidemics notwithstanding, larger coverage of general quality healthcare especially in these countries is a glaring challenge if health-related losses and deaths have to be minimized the world over.

SDG12 underscores the importance of sustainable consumption and production patterns. To eliminate the present unbridled manner of exploitation of natural resources, colossal levels of food wastage, inadequate man-

⁵ Least Developed Countries or LDCs are identified by the UN Committee for Development (CDP) and currently number up to 48 countries. For a more comprehensive explanation, see the website of the [UN Development Policy and Analysis Division](#).

agement of chemicals and other waste and wasteful consumption of fossil fuels, developed countries should take the lead in implementing the 10-year framework⁶ and providing informational, scientific and technological assistance to developing countries. In particular, fossil fuel subsidies should be rationalized in a studied manner to prevent their wastage and harmful impacts on the environment.

From a historical perspective, the industrialized world holds greater responsibility for many of the present global environmental crises than the economies that have started booming recently. The SDGs seek to account for this in emphasizing the leading role that the developed countries need to play in ensuring that future development efforts are environmentally sustainable. Taking the environment into account is essential to also ensure that we do not discriminate against future generations.

As the primary platform for a negotiated global response to climate change, the United Nations Framework Convention on Climate Change (UNFCCC) is at the verge of another historic juncture when parties will commit to new targets at the [Conference of the Parties \(COP21\)](#), in Paris in November–December 2015. SDG13 on urgently combating climate change and its impacts, once formalized in September 2015, would underpin global efforts towards jointly mobilizing US\$100 billion annually by 2020 to combat climate change. The targets of this SDG reinforce the need to deeply integrate mitigation, adaptation and resilience against climate change into national policies of all governments.

Realizing the SDGs

Lastly, SDG17 on strengthening the means of implementation and revitalizing the global partnership for sustainable development underscores the practical conditions that can make the other goals realizable. Billions of dollars are needed for the realization of the SDGs. All countries should domestically mobilize resources towards the achievement of SDGs with the developed countries bearing a special responsibility through the Official Development Assistance (ODA) and other mechanisms to facilitate developing countries' progress on the SDG agenda. It is imperative in this context that countries also look at issues of development financing, including issues of tax-

tion and regulation of financial markets.

Technological knowledge sharing and mutual cooperation in science and technology by countries is indispensable to all efforts to meet the aforementioned challenges of the future. Developing countries should have favourable access to affordable new technologies that can enhance their productive and coping capacities. Such progressive international cooperation in technology and finance can be strengthened with a successful conclusion of the Doha Development Round of the World Trade Organization (WTO), wherein the developing and least developed countries come out as beneficiaries.

However, it is in this context of a globalized world that SDGs targets 17.13, 17.14 and 17.15, focussing on policy coherence, become critical. Policy coherence between countries and institutions is necessary to ensure that progress in one area is not undermined by actions in another area. For instance it is of utmost importance that policies on agriculture and trade remain acutely sensitive to the nutrition targets set in the SDGs. Single issue solutions can never do justice to problems as complex and pervasive as nutrition security.

Conclusion

The SDGs are extremely important in order to mobilize the international community for the cause of nutrition security. However, the experience with the MDGs has shown us that the drive to reach the targets cannot be at the expense of the processes employed to achieve them.

The potential for the realization of the SDGs lies in the comprehensive character of the list of goals and targets. However, this long list of targets at the same time represents a challenge for the realization of the SDGs. How will countries choose from the list when national resources are limited? How can the world prevent scenarios where this list might be reduced to a shopping list from which one can choose according to ad hoc preferences? How can the world assure that the human rights principles are woven into the elements as mentioned to ensure that a real transformation towards the realization of human rights will start?

The global community needs to start a true transformative process in order to de-block some of the lock-ins in our system that have been allowed to grow over the past

⁶ The [10-Year Framework of Programmes on Sustainable Consumption and Production](#) (10YFP on SCP) is an initiative of the United Nations Environment Programme (UNEP).

50 years. The SDGs could help to mobilize the world, but they need to follow the human rights principles in order to set coherent policies, programmes and actions at local, national and international levels.

SDG5 on gender justice is helpful in this sense, since it is visionary and sets the important principle of gender justice on which the world rightfully agrees as it is both central for development and for the realization of the right to adequate food and nutrition.

The world should mobilize itself behind the human rights principles of equality and non-discrimination, participation and inclusion, accountability and rule of law and acknowledge that all human rights are universal, indivisible, interrelated and interdependent. Only then will we start on a transformative agenda that includes the elements of people, dignity, prosperity, justice, partnership and planet and create the enabling environment to realize the SDGs. Whether there exists the political will to forge this new path for development still remains to be seen.

References

- Bharathi KS (1998) *The Political Thought of Ambedkar*. Encyclopaedia of Eminent Thinkers, Vol. 9. Concept Publishing Company.
- Committee on Economic, Social and Cultural Rights (CESCR) (1999). *General Comment No.12: The right to food*. UN doc. E/C.12/1999/5.
- De Schutter O (2014a) *The transformative potential of the right to food*. Final Report of the Special Rapporteur on the right to food to the 20th session of the Human Rights Council. UN doc. A/HRC/25/57.
- Food and Agriculture Organization of the United Nations (FAO) (2004) *Voluntary guidelines to support the progressive realization of the right to adequate food in the context of national food security*. FAO: Rome
- Maitra P and Ray R (2013) Child Health in West Bengal: Comparison with other regions in India. *Economic and Political Weekly*, XLVIII (49), pp. 50-58.
- Open Working Group for Sustainable Development Goals (OWG) (2014) Proposal for Sustainable Development Goals. Outcome Document, Draft dated 19 July 2014. ([online](#))
- Scampini A (2014) *Sustainable Development Goals: Where do Gender Equality and Women's Rights Stand?* ([online](#)).
- United Nations (UN) (2014) *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet*. Synthesis Report of the Secretary-General On the Post-2015 Agenda. New York: UN.
- World Health Organization (WHO) (2015). *Global targets 2025: Poster*. Geneva: WHO ([online](#)).



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Wenche Barth Eide: a champion for nutrition and human rights

In May 2015, Professor Emerita Wenche Barth Eide was awarded the title of **Commander of the Royal Norwegian Order of Merit**, for her international work in nutrition and in particular for her contribution to the development of the right to food as a human right.

Professor Barth Eide is recognized internationally as a nutrition champion, and has been co-chair of the UNSCN Working Group on Nutrition, Ethics and Human Rights, and one of the UNSCN's strongest supporters.

The UNSCN, along with colleagues and pupils from different regions in the world, congratulate Professor Barth Eide for her well-deserved award.

Perspectiva Parlamentaria

Parlamentarios contra el hambre y la desnutrición post-2015: una perspectiva de América Latina y el Caribe

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Declaración: La autora ha declarado no tener ningún conflicto de intereses.

Note: an English version of this article is published on [page 77](#).

En la actualidad, la región de América Latina y el Caribe se ve enfrentada al desafío de la doble (a veces llamada múltiple) carga de la malnutrición, con la coexistencia de varias condiciones relacionadas a la nutrición tales como desnutrición, deficiencias de micronutrientes, sobrepeso, obesidad y enfermedades no transmisibles, tanto en adultos como en niños. A medida que estos temas adquirieron un perfil más destacado en la región con el creciente compromiso político por el hambre y la seguridad alimentaria y nutricional, se hizo evidente que los parlamentarios también tenían un papel importante que desempeñar.

El Frente Parlamentario contra el Hambre en América Latina y el Caribe (FPHALyC), creado en 2009 como parte de la Iniciativa América Latina y Caribe sin Hambre, es una plataforma parlamentaria de debate establecida como respuesta a la necesidad de un compromiso legislativo para abordar estos desafíos en la región. El Frente asumió el reto de influir en la elaboración de marcos normativos adecuados para erradicar el hambre y la malnutrición en todas sus formas, tanto a nivel regional como a nivel nacional. En ese sentido, FPHALyC y sus capítulos nacionales tienen dos objetivos principales:

- 1) *Aglutinar los esfuerzos de los parlamentarios de asambleas legislativas regionales, subregionales, nacionales y locales, y vincularlos con los actores de gobierno, el mundo académico y con la sociedad civil.* Unir fuerzas permite promover de manera más eficaz marcos legales que faciliten la construcción de un marco institucional, de políticas y programas públicos que hagan posible la realización del derecho a la alimentación. Además, genera un

intercambio de conocimientos, opiniones y experiencias nacionales y regionales.

- 2) *Desarrollar medios legales e institucionales con recursos humanos y presupuestarios acordes para lograr la soberanía y seguridad alimentaria y nutricional en la región,* incluyendo temas como la agricultura familiar y campesina, la alimentación escolar, la educación nutricional y las políticas de protección social.

Actualmente 15 países cuentan con capítulos nacionales del Frente Parlamentario contra el Hambre (FPH): Argentina, Brasil, Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, México, Perú, República Dominicana, Paraguay y Uruguay. Hoy en día estos países están trabajando con un enfoque en la democratización de derechos y de ciudadanía, lo que incluye esfuerzos para promover enfoques participativos y la inclusión de representantes de la sociedad civil en los espacios de diálogo político. Los capítulos nacionales del FPH se reúnen anualmente en el Foro, permitiéndoles intercambiar experiencias y debatir sobre los desafíos actuales y la adecuada respuesta política y legislativa, establecer la agenda de trabajo a nivel regional y a su vez influir en las discusiones a nivel nacional.

A la fecha se han realizado cinco foros, el último celebrado en Santo Domingo, República Dominicana, 5-6 de Noviembre 2014. Durante este último foro, los parlamentarios discutieron, entre otros temas, cómo promover marcos legislativos para la construcción de sistemas alimentarios saludables y sostenibles en el contexto de la Agenda de Desarrollo Post-2015 y los Objetivos de Desarrollo Sos-

tenible (ODS), como también la contribución del Frente a la Segunda Conferencia Internacional sobre Nutrición (CIN2). Los parlamentarios acordaron que tanto los ODS como los resultados de la CIN2 proporcionan una visión global que ayuda a establecer marcos normativos nacionales e internacionales para garantizar una nutrición adecuada para todos. La labor de los parlamentarios de América Latina y el Caribe constituye una contribución importante para la realización de esa visión, apoyando el proceso de elaboración y sucesiva implementación de la Agenda Post-2015. En el V Foro, los parlamentarios discutieron además la necesidad de apoyar el proceso de ODS, influyendo tanto en los marcos normativos como en los procesos políticos para promover dietas saludables, sostenibles, seguras y culturalmente adecuadas, basadas en la biodiversidad alimentaria, el respeto para con el medio ambiente, y la promoción de productos locales dentro de cadenas alimentarias cortas. Las acciones concretas propuestas incluyen (FPHALyC 2014):

- a) Promover la regulación de la publicidad de alimentos, principalmente para alimentos con alto contenido de sal, azúcar y grasa y otras sustancias que son dañinas si se consumen en exceso, y asegurar que los medios de comunicación ayuden a promover estilos de vida y hábitos de alimentación saludables.
- b) Promover mejoras en los reglamentos de etiquetado nutricional, para garantizar que las etiquetas de los alimentos proporcionen información relevante y comprensible del contenido nutricional de los alimentos, respetando el derecho a la información de los consumidores.
- c) Asegurar que los subsidios económicos se orienten a fomentar alimentos saludables y a desincentivar los no saludables.
- d) Desarrollar programas de lactancia materna y protección de maternidad y periodo post natalidad que incidan en la nutrición de la primera infancia.
- e) Fortalecer la oferta de alimentos locales seguros y saludables, promoviendo programas para la reducción progresiva del uso de agroquímicos y el apoyo a la producción de alimentos orgánicos.
- f) Promover la educación alimentaria y nutricional en escuelas y otros entornos, asegurando información y comunicación adecuada sobre nutrición.

- g) Garantizar recursos y presupuestos para asegurar políticas públicas sostenibles en el tiempo.
- h) Considerar el rigor científico al elaborar normas que regulen aspectos nutricionales, promoviendo alianzas estratégicas con universidades y centros de investigación autónomos para generar información nutricional confiable.
- i) Generar espacios de diálogo para asegurar que todos los actores involucrados (incluida la sociedad civil, el sector privado, los medios de comunicación y el Estado) asuman su responsabilidad en la protección de la salud pública.

Varios países de la región ya están implementando una serie de iniciativas, entre ellas, diferentes esfuerzos legales y normativos para promover dietas más saludables (ejemplos se proporcionan en la Tabla 1). Además, el Parlamento Latinoamericano (Parlatino) ha estado trabajando en la aprobación de marcos de ley que sirven como referencia para otros parlamentos que se encuentren desarrollando legislaciones a nivel nacional. Eso incluye, por ejemplo, la Ley marco sobre El Derecho a la Alimentación y Soberanía, Seguridad Alimentaria y Nutricional (2012), la Ley Marco de Alimentación Escolar (2013) y la Ley Marco para América Latina sobre la regulación de la publicidad y promociones de alimentos y bebidas no alcohólicas dirigida a los niños y adolescentes (2012).

La Agenda de Desarrollo Post-2015 es una oportunidad importante para el mundo para lograr hacer una diferencia. Los parlamentarios de América Latina están comprometidos y seguirán trabajando para garantizar una mayor coherencia entre los diferentes sectores y políticas y regulaciones más fuertes para hacer realidad el derecho a una alimentación adecuada para todos. La nutrición es muy compleja, multisectorial y específica al contexto. Los parlamentarios Latinoamericanos adhieren a la Agenda de Desarrollo Post-2015 y continúan construyendo alianzas efectivas con sectores como salud, protección social, educación, comercio, la industria y economía, y con actores tales como socios para el desarrollo, alianzas de defensa del consumidor, agencias de la ONU, y muchos otros, con el fin de contribuir a la realización de la seguridad alimentaria y la nutrición para todos.

Referencias

FPHALyC (2014) *Declaración del V Foro del Frente Parlamentario contra el Hambre de América Latina y el Caribe*. Santo Domingo, Noviembre 2014.

Tabla 1. Ejemplos de medidas regulatorias en marcha de una selección de países latinoamericanos

Brasil	<ul style="list-style-type: none"> • Programa alimentación escolar, donde el 30% de los alimentos comprados por escuelas ha de provenir de agricultores familiar; utilización de huertos escolares educativos • Regulación a la publicidad de alimentos (en debate)
Bolivia	<ul style="list-style-type: none"> • Proyecto de ley de alimentación complementaria y educación alimentaria y nutricional • Ley marco de la tierra (Ley 300) • Ley general de los derechos de las usuarias y los usuarios y de las consumidoras y los consumidores (Ley No. 453)
Chile	<ul style="list-style-type: none"> • Ley sobre composición nutricional de los alimentos y su publicidad (Ley 20.606) • Ley que crea el Sistema Elige Vivir Sano
Colombia	<ul style="list-style-type: none"> • Ley 1355 obesidad
Costa Rica	<ul style="list-style-type: none"> • Decreto supremo: funcionamiento y administración del servicio de soda (casinos) en centros educativos públicos • Ley general de los programas estatales de alimentación y nutrición de la niñez y adolescencia
Ecuador	<ul style="list-style-type: none"> • Proyecto de ley orgánica de agrobiodiversidad, semillas y fomento agroecológico • Proyecto de ley de desarrollo agrario, comunas y comunidades • Reglamento sanitario de etiquetado de alimentos procesados para el consumo humano • Ley del régimen de la soberanía alimentaria
México	<ul style="list-style-type: none"> • Ley general de desarrollo social: se encuentra reformando la ley para incluir la incorporación del concepto de “alimentación nutritiva y de calidad” (2014). • Impuesto especial del 8% a la comida chatarra, aumento de 1 peso por cada litro de bebidas azucaradas que se comercialicen
Peru	<ul style="list-style-type: none"> • Ley de promoción de la alimentación saludable para niños, niñas y adolescentes
Uruguay	<ul style="list-style-type: none"> • Ley sobre alimentación saludable al interior de las escuelas • Ley sobre alimentación saludable en los centros de enseñanza (No. 19,140) • Ley sobre fortificación de harinas y lácteos con hierro, ácido fólico y vitamina B12 (No. 18,071) • Decreto relativo al etiquetado de alimentos (No. 117/006) • Impuesto de educación primaria (636. Art. 15,809), donde 60% se destina a la alimentación escolar
Venezuela	<ul style="list-style-type: none"> • Anteproyecto de ley de responsabilidad social para el fortalecimiento de la cultura alimentaria nutricional (en debate)



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Parliamentarian Perspective

Parliamentarians against hunger and malnutrition post-2015: a perspective from Latin America and the Caribbean

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The Latin America and Caribbean region currently faces the challenge of the double (sometimes called multiple) burden of malnutrition, with the coexistence of several nutrition-related conditions such as undernutrition, micronutrient deficiencies, overweight, obesity and non-communicable diseases, in both adults and children. While these issues gained a more prominent profile in the region with the growing political commitment on hunger and food and nutrition security, it became clear that parliamentarians also had an important role to play.

The Parliamentary Front against Hunger in Latin America and the Caribbean (FPHALyC), created in 2009 as part of the Hunger-Free Latin America and Caribbean Initiative, is a parliamentary debate platform established as a response to the need for legislative engagement to tackle these challenges in the region. The Front took up the challenge of influencing the elaboration of appropriate regulatory frameworks to eradicate hunger and malnutrition in all its forms, both regionally and at country level. In that sense, FPHALyC and its national chapters have two main objectives:

1. *To bring together the efforts of parliamentarians from regional, subregional, national and local legislatures, and link them with actors in government, academia and civil society.* Joining forces allows a more effective promotion of legal frameworks that enable the realization of the right to adequate food, alongside the appropriate public policies and programmes. It also generates an exchange of

knowledge, opinions and national and regional experiences.

2. *To develop legal and institutional frameworks, with suitable human and budgetary resources, for achieving food and nutrition sovereignty and security in the region,* including issues such as family and peasant farming, school feeding, nutrition education and social protection policies.

Currently, 15 countries have national chapters of the Parliamentary Front against Hunger (FPH): Argentina, Brazil, Bolivia, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Mexico, Paraguay, Peru and Uruguay. These countries are currently working with a focus on democratization of rights and citizenship, which includes efforts to promote participatory approaches and the inclusion of civil society representation in spaces of political dialogue. The FPH national chapters gather annually at the Forum, enabling them to exchange experiences and debate current challenges and the appropriate legislative and policy response, setting the agenda for work at regional level and in turn influencing discussions at national level.

To date there have been five Forums, the latest one held in Santo Domingo, Dominican Republic, 5–6 November 2014. During this most recent forum, parliamentarians discussed, among other issues, how to promote legislative frameworks for building healthy and sustainable food systems in the context of the post-2015 development agenda and the Sustainable Development Goals (SDGs), as well

as the Front's contribution to the Second International Conference on Nutrition (ICN2). Parliamentarians agreed that both SDGs and ICN2 outcomes provide a global vision that help establish national and international regulatory frameworks for ensuring adequate nutrition for all.

The work of parliamentarians in Latin America and the Caribbean constitutes an important contribution for realizing that vision, supporting the process of developing and subsequently implementing the post-2015 agenda. In the Fifth Forum, parliamentarians further discussed the need to support the SDGs process by influencing both legal frameworks and policy processes to promote healthy, sustainable, safe and culturally appropriate diets, based on food biodiversity, respect towards the environment, and promotion of local foods produced through short food chains. Concrete actions proposed include (FPHALyC 2014):

- a) Promoting food marketing regulations, mainly for foods high in salt, sugar and fat and other substances that are harmful when consumed excessively, and ensuring that the media help promote healthy eating habits and lifestyles.
- b) Promoting improved food and nutrition labelling regulations, to ensure food labels provide relevant and intelligible information on the nutritional content of foods, respecting the consumer's right to information.
- c) Ensuring that economic subsidies aim to promote healthy foods and discourage those that are unhealthy.
- d) Developing breastfeeding and maternity leave regulations that promote good nutrition during early childhood.
- e) Strengthening the supply of safe and healthy local foods, promoting steps for phasing out the use of agrochemicals and support organic food production.
- f) Promoting food and nutrition education in schools and other settings, ensuring adequate information and communication on nutrition.
- g) Guaranteeing resources and budgets to ensure public policies are sustained over time.
- h) Taking scientific rigor into consideration when de-

veloping standards governing nutritional matters, promoting strategic alliances with universities and autonomous research centres in order to generate reliable nutrition information.

- i) Creating opportunities for dialogue to ensure that all stakeholders (including civil society, private sector, media and the state) take responsibility in protecting public health.

Countries in the region are already implementing a variety of initiatives, including different legal and regulatory efforts to promote healthier diets (examples are provided in Table 1). Additionally, the Latin American Parliament (Parlatino) has been working on approving framework laws that serve as reference for other parliaments developing legislations at country level. That includes, for example, the Framework law on the right to food and sovereignty, food and nutrition security (2012), the Framework law for school meals (2013) and the Framework law for Latin America on the regulation of advertising and promotion of food and non-alcoholic beverages to children and adolescents (2012).

The post-2015 development agenda is an important opportunity for the world to make a difference. Parliamentarians in Latin America and the Caribbean are committed and will continue to work towards ensuring greater policy coherence among the different sectors and stronger policies and regulations to realize the right to adequate food for all. Nutrition is highly complex, multisectoral and context-specific. Latin American parliamentarians will embrace the post-2015 development agenda and continue to building effective alliances, with sectors such as health, social protection, education, trade, industry and economy, and with actors such as development partners, consumer protection alliances, UN agencies, and many others, to contribute to the realization of food and nutrition security for all.

References

FPHALyC (2014) *Declaration of the V Forum of the Parliamentary Front against Hunger*. Santo Domingo, November 2014.

Table 1. Examples of ongoing regulatory measures in selected Latin American countries

Brazil	<ul style="list-style-type: none"> • School feeding programme regulation, where 30% of foods purchased by schools must come from family farmers; educational use of school gardens • Food advertisement regulation (currently being discussed)
Bolivia	<ul style="list-style-type: none"> • Complementary school feeding and food and nutrition education bill • Framework law on earth (Act 300) • General law on the rights of users and consumers (Law No. 453)
Chile	<ul style="list-style-type: none"> • Law on the nutritional composition of foods and advertising (Law 20.606) • Act establishing the choose to live healthy system
Colombia	<ul style="list-style-type: none"> • Act 1355 on obesity
Costa Rica	<ul style="list-style-type: none"> • Presidential decree on operation and administration of cafeteria services in public education centres • General law of food and nutrition state programmes for childhood and adolescence
Ecuador	<ul style="list-style-type: none"> • Draft organic law on agrobiodiversity, seeds and agroecology development • Draft bill on agrarian, municipal and community development • Health regulations for labelling of processed foods made for human consumption • Law on food sovereignty
Mexico	<ul style="list-style-type: none"> • General law on social development, reformulated to incorporate the concept of "nutritious and high quality food" • 8% mandatory excise duty on junk food, increase of 1 peso per litre of sugary drinks marketed
Peru	<ul style="list-style-type: none"> • Act to promote healthy eating among children and adolescents
Uruguay	<ul style="list-style-type: none"> • Healthy eating in schools act • Law on healthy eating in education centres (No. 19,140) • Law on fortification of flour and dairy with iron, folic acid and vitamin B12 (No. 18,071) • Decree on food labelling (No. 117/006) • Primary education tax law (636. Art. 15,809), where 60% goes to school feeding
Venezuela	<ul style="list-style-type: none"> • Draft law on social responsibility for strengthening food and nutrition culture (currently being discussed)



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Private Sector Perspective

Feeding the world is everybody's business: partnering with the business sector to bring food to the centre of the post-2015 development agenda

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Introduction

Among the world's most pressing challenges is providing a growing population, projected to exceed 9.6 billion by 2050, with safe, sufficient and nutritious food. This will require food production to increase by 70 % globally (FAO 2011). Today, the global food system is highly unsustainable in terms of human and planetary health. It undermines the environment upon which future food security depends, while causing widespread ill-health and disease (West 2014). Food and agricultural production is a major driver of climate change, environmental degradation, loss of biodiversity and pollution, whilst huge inefficiencies and inequalities continue to exist.

Furthermore, the global food system does not deliver healthy, equitable and affordable nutrition for all (FAO and WHO 2014). In stark contrast to the over 800 million people who still suffer from hunger, more than 2 billion are now overweight or obese. Combining these figures – the burdens of hunger, micronutrient deficiencies and obesity – as much as half the global population can remarkably be classified as malnourished (Swinburn 2011, FAO and WHO 2014, Tulchinsky 2010). In addition, non-communicable diseases (NCDs) such as cancer, cardiovascular disease and diabetes are on the rise all over the globe, and have now surpassed the infectious diseases as the leading cause of death in absolute numbers. Together, these global health and environmental problems have inevitably placed healthy diets and sustainable food systems at the very centre of the post-2015 development

SUMMARY

By creating a healthy and sustainable way of feeding a world of 9.6 billion people by 2050, we are meeting one of the greatest challenges facing humanity. The need to transform our global food systems represents a key to achieving the Sustainable Development Goals (SDGs). The latest findings from both public health and environmental sciences are now converging with business needs and opportunities. This clearly demonstrates that win-win is the only victory: our food supply needs to be profitable both for the business sector and for our common health and security. The EAT initiative works to catalyse awareness and create arenas and tools to achieve such a partnership.

agenda. This calls for no less than a paradigm shift in the food industry and should be seen as representing a historic opportunity for businesses. Not only can businesses participate in shaping the future priorities of the United Nations (UN) and support the Sustainable Development Goals (SDGs) (UN Global Compact 2014), future consumer demand for safe and healthy food will reward those businesses which aim for quick transformation to sustainable production.

The post-2015 development agenda as a roadmap for transformative change in the food industry

The increasing scientific body of evidence on the convergence between public health and sustainability imperatives (Germani et al. 2014) will force existing food production processes and the food items to be significantly changed. Current dietary patterns and food production practices will be forced to transform radically, challenging existing business models all along the food value chain. This will require major efforts both on the production and consumption sides. Although new threats and opportunities inevitably will drive innovation, long-term predictability and reliable frames for business are essential to direct private capital and investment in the desired direction. Hence, in the rapidly changing landscape of the food industry, the post-2015 development agenda should be interpreted by the business community as a comprehensive roadmap for innovation and transformative change. Furthermore, the implementation of the SDGs will profoundly impact the private sector, as clear and concise goals and targets will map out future markets and help identify coming demands, as well as the need for new sets of legislation. In addition, the SDGs are bringing a new set of ethical values, consumer preferences and aspirations, and are insisting on an unprecedented level of transparency.

Rising environmental pressure and new demands for healthy foods will contribute to making sustainable business operations more attractive and profitable. Finite natural resources such as land, water, energy and minerals, will be increasingly exploited, thus implying that sustainable efficiency will be a prerequisite for business competitiveness. Hence to succeed, companies must do more with less, for instance producing a higher volume of food or nutrition output per unit green house gas (GHG) emitted, or apply nose-to-tail solutions to minimize waste along product life cycles. Furthermore, increasing less-resource-intensive products and ingredients such as plant-based food, at the expense of meat and dairy, can potentially increase profit margins in the food service industry (Culinary Institute of America and Harvard School of Public Health 2014). This acts as a “push” for business innovation. In complement, the “pull” for the emergence of sustainable and ethical business will be expressed by an increasing demand from consumers for transparency and traceability, and the enhanced access to communication

technology and knowledge. Many businesses have already set out on the road to a more sustainable future, and it turns out that there is no longer a trade-off between sustainability and profit. For example, the Global 100 Index, naming the top overall sustainability performing companies in different industrial sectors, outperformed its benchmark, the MSCI All Country World Index, in 9 out of 10 years since its inception in 2005 (Corporate Knights 2015).

New partnerships to catalyse change

Realizing a sustainable global food system that delivers healthy nutrition to all requires multifaceted actions. Profit-driven, quarterly reporting business executives can sometimes have interests and actions that deviate from those of society. On the other hand, while policy-makers often have limited operating space due to federal budgets and other political complexities, capitalistic forces operating in well-regulated markets can have strong impact and can drive forward rapid positive change.

Equally, the private sector has an important role to play in contributing to the political discussions, ensuring that business needs are properly understood and taken into account when developing the SDGs framework. With this in place, the private sector can be a central engine in the transformative shift. In order to limit any potential doubt among stakeholders, the contribution from the private sector needs to happen in a transparent and accountable way, allowing for public scrutiny and openness regarding business engagement in global policy processes.

Historically, successful transformative shifts have often come as a result of interactions between public and private actors, with the support of civil society. The required transformative shift in the global food system must also include the establishment of new, innovative and transdisciplinary partnerships at multiple levels. One of the strongest calls for action in the global conversation on the post-2015 development agenda has been to enable new partnerships to be the main engine for translating the SDGs into action (UN 2013, UN 2014). This implicates a push for bridging the existing interdisciplinary knowledge and investment gaps, and the development of innovative financing mechanisms (UN Task Team 2012). Furthermore, it is crucial that a comprehensive policy framework that ensures healthy and sustainable food choices is made easily available and accessible to consumers.

A new model for transformative change: EAT

Guided by the post-2015 development agenda, business leaders will be the best suited to estimate the future business landscape, assess business risks and opportunities, and develop business strategies that will hold currency in both the short- and long-term future. However, a crucial element for better decision-making is evidence-based guidance from the scientific community. Therefore, the EAT Initiative was launched in 2013 as a multidisciplinary platform between science, policy, civil society and business. Bringing leadership from traditionally siloed sectors, EAT aims to learn from, build upon and strengthen successful existing initiatives and new innovations in the health – food – environment nexus. It is guided by its core belief that healthy diets and sustainable food systems are a prerequisite for human development and a stable Earth system.

The overall objective of the EAT initiative is to catalyse action and innovation across the food system towards population health maximization, food and nutrition security and environmental sustainability. This needs to be brought about by identifying synergistic solutions and win–wins, and by shifting the focus from treatment and adaptation, to prevention and mitigation.

To support the post-2015 development agenda, EAT in collaboration with the UN Sustainable Development Solutions Network, the International Panel of Experts on Sustainable Food Systems and the Consultative Group on International Agricultural Research (CGIAR) Consortium, is working on deriving a set of science-based concrete indicator recommendations, to be able to measure progress towards achieving sustainable food systems in the context of SDGs.

Summary

Ensuring sustainable supply of healthy, nutritious, safe and sufficient food for a world population exceeding 9 billion people is one of the most fundamental determinants for achieving the SDGs, and consequently, an urgent transformative shift to sustainable food systems that promote health is a prerequisite. This realization requires a new paradigm of economic prosperity and business

profitability that does not jeopardize the health of the planet or its people. The private sector has an essential role to play in terms of investment and innovation, but also contribute to the post-2015 development agenda, allowing for the new development framework to align public and private interests, and canalize capitalistic forces in the desirable direction.

This will require the development of new cross-disciplinary and cross-sectoral partnerships and platforms, such as EAT, that enable the alignment of public and private sector interests on a collective course towards sustainable development and a prosperous future for all.

References

- Corporate Knights (2015) *Global 100 Most Sustainable Corporations*. ([online](#))
- Culinary Institute of America and Harvard School of Public Health (2014) *Menus of Change Annual Report*. Charting The Future of Food & The Foodservice Industry. New York: The Culinary Institute of America and Harvard School of Public Health ([online](#))
- Food and Agriculture Organization of the United Nations (FAO) (2014) *The State of Food Insecurity in the World*. Rome: FAO.
- FAO (2011) *The State of The World's Land And Water Resources For Food and Agriculture*. Rome: FAO.
- FAO and World Health Organization (WHO) (2014) Conference Outcome Document: Rome Declaration on Nutrition. Second International Conference on Nutrition, Document ICN2 2014/2. Rome. ([online](#))
- Germani A, Vitiello V, Giusti AM, Pinto A, Donini LM and del Balzo V (2014) Environmental and economic sustainability of the Mediterranean Diet. *Int J Food Sci Nutr*, 65(8), pp. 1008-12.
- Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, Moodie ML and Gortmaker SL (2011) The global obesity pandemic: shaped by global drivers and local environments. *Lancet*, 378 (9793), 804e814.
- Tulchinsky TH (2010) Micronutrient deficiency conditions: global health issues. *Public Health Reviews*, 32, pp. 243-255.
- United Nations (UN) (2013) *A new global partnership: eradicate poverty and transform economies through sustainable development*. Report of High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. New York: UN. ([online](#))
- UN (2014) *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet*. Synthesis Report of the Secretary-General On the Post-2015 Agenda. New York: UN.
- UN Global Compact (2014) *Post-2015 Business Engagement Architecture report*. New York: UN Global Compact ([online](#))
- UN Task Team (2012) *Financing for sustainable development: Review of global investment requirement estimates*. New York: UN Task Team Working Group on Sustainable Development Financing. ([online](#))
- West PC, Gerber JS et al. (2014) Leverage points for improving global food security and the environment. *Science*, 345, 6194, pp. 325-328.

Multistakeholder Platform Perspective

Achieving sustainable nutrition together in the post-2015 development agenda

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As we gear up for the United Nations General Assembly, where we will agree on the Sustainable Development Goals (SDGs) this year, we will build on what we have learned through the Millennium Development Goals (MDGs) era, including an understanding that it will require action by all actors if we are to achieve zero hunger and end all forms of malnutrition.

A world without hunger and malnutrition is within reach. We have the resources, the tools, the technology, and a shared desire to see it happen. Seventy-two countries have reached the reducing-hunger target of the MDGs. Since the 2008 World Food Summit, we have seen increasing global commitment to address food security and nutrition with the adoption of the [Voluntary Guidelines on the Governance of Tenure of Land, Fisheries, Forests](#), the recent adoption of the [Principles for Responsible Investment in Agriculture and Food Systems](#), and with the increasing commitments of governments to the Right to Food.

Today, at least 2 billion people suffer from various vitamin and mineral deficiencies and related diseases, which includes the estimated 805 million who are chronically hungry, of whom 146 million are young children (UNICEF 2007; FAO, IFAD and WFP 2014). But nutrition is not just about having enough food to eat. As we are successful at improving economic conditions in many countries, the risk of overweight and obesity grows. Obesity is responsible for approximately 3.4 million deaths each year, with an increasing number of countries facing the simultaneous challenges of undernutrition and obesity. Therefore, efforts to address hunger need to be coupled with efforts to improve access to nutritional information and educa-

tion about health, and to promote healthier food systems worldwide (Iguchi et al. 2014).

Achieving food security and nutrition security touches almost every aspect of our lives and is impacted by decisions and events in almost every sector. We are learning the hard way that one of the main obstacles to progress has been the way we work. Only by working together across sectors with all concerned and breaking down the existing silos will we find new solutions. We need to fully embrace the multidimensional actions required. This creates new opportunities for enhanced nutrition in the post-2015 development agenda: investing in nutrition sensitive agricultural policies will allow us to make a huge step forward.

The increased provision of school lunches around the world is also a good example of what can be accomplished. It has taken the involvement of governments, civil society organizations and the private sector, including local farmers, to design and implement school lunch programmes which are not only affordable but also address other aspects of food security and nutrition: promoting local production and procurement of food, reducing food loss and waste through menu planning, enhancing regular access to healthy food for students, and improving food and nutrition curricula.

The United Nations System Standing Committee on Nutrition (UNSCN) is a member of the Advisory Group of the Committee on World Food Security (CFS), the foremost inclusive international and intergovernmental platform for food security and nutrition. The CFS is a multistakeholder committee that is open to all Member States of

the United Nations (UN), UN bodies, civil society organizations and their networks, international research networks, international financial institutions, private sector organizations, and philanthropic organizations. In this regard, the CFS is unique in the extent that all stakeholders are able to participate in debates and contribute to CFS decisions and outputs. While the divergence of views among the various CFS participants has been vast, we have been able to [successfully develop guidance](#) which will help us all move closer to our common goal on various controversial issues including land tenure, responsible investment, food losses and waste and biofuels to name just a few. While food security and nutrition issues can polarize debates, the best solutions are found when we combine and build on ideas and options.

CFS does this by recognizing that different stakeholders have different roles and responsibilities when it comes to food insecurity and malnutrition; and by recognizing decision-making needs to be based on solid intersectoral expertise. The production of CFS policy work benefits from its strong knowledge base via the UN agencies and the evidence base from the CFS High Level Panel of Experts, who separate the political issues from the technical ones and help build a common understanding.

We can only achieve sustainable, good nutrition for all if we are willing to face up to what has not worked in the past and stop repeating mistakes. We should explore new

ways of learning and applying experiences proven to be effective.

We need to identify solutions that build resilience among communities and within our food systems to confront the many challenges of malnutrition. We need to target these solutions at those responsible for their family's nutrition which, in many cases, are women. All women everywhere need to have equal access to resources and services and be empowered and engaged. They are part of the solution because when they are able to provide safe nutritious food for their children, it ensures a good start in life for the next generation.

There is a groundswell of change which presents all of us with a tremendous opportunity to reach the tipping point on malnutrition. We can only do this by working together.

References

Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development (IFAD) and World Food Programme (WFP) (2014) *The State of Food Insecurity in the World 2014. Strengthening the enabling environment for food security and nutrition*. Rome: FAO. ([online](#))

Iguchi M, Ehara T, Yamazaki E, Tasaki T, Abe N, Hashimoto S and Yamamoto T (2014) *Ending the Double Burden of Malnutrition: Addressing the Food and Health Nexus in the Sustainable Development Goals*. POST2015/UNU-IAS Policy Brief #6. Tokyo: United Nations University Institute for the Advanced Study of Sustainability ([online](#))

United Nations Children's Fund (UNICEF) (2007) *The State of the World's Children*. New York: UNICEF.

The Global Forum on Food Security and Nutrition (FSN Forum)

The FSN Forum is a worldwide community of experts and practitioners on Food Security and Nutrition facilitated by FAO since 2007. FSN Forum members engage in online discussions, share knowledge and take part in policy dialogue. The broad range of views gathered influences the global debate on key issues affecting food security and nutrition.

The FSN Forum collaborates with [major global food security and nutrition initiatives](#) and also facilitates online [networks targeted at specific geographic areas](#). The FSN Forum hosts different kinds of online discussions. Discussions can be raised by fellow members or can be initiated by the FSN Forum team. Online discussions can also be part of global and regional initiatives.

FSN Forum's discussions are public, open to all members and last for three to four weeks. Regular email digests are sent to all members to keep them informed on current and upcoming activities. For each online discussion, the FSN Forum Team prepares the consolidated proceedings and a comprehensive summary of the main issues emerged. All information can be found on the discussion pages.



Visit the [FSN Forum website](#) and join the network!

Voices from the field: Chile

Interview with **Cecilia Castillo Lancellotti**

Frente por un Chile Saludable

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Dr Castillo declared not having any conflict of interest.



UNSCN: *The Millennium Development Goals (MDGs) will come to an end this year, in 2015. What is your evaluation of the progress made with the MDGs? From your perspective, did having such targets make a difference? If yes, could you give examples? If no, why not?*

Castillo: In Latin America, we observe significant progress in nutrition. There are improvements in the socioeconomic and nutritional status of populations, especially in reducing child undernutrition. Yet, new health problems have emerged such as obesity and noncommunicable diseases, including diabetes mellitus and cancer, especially among the poorest population groups. These new health problems are related to societal and economic development models that countries have chosen, which led to changes of food consumption patterns, habits and agricultural crop production. These fundamental aspects were not clearly described in the MDGs' documents and processes, neither were they among the issues that needed to be addressed. These changes in the epidemiological profile of Latin American and many other countries increase costs and represent a great burden for health systems. They must therefore be taken into account more seriously in the future.

UNSCN: *Are you or your organization participating in or following the current debates about new universal targets for countries after 2015, the Sustainable Development Goals (SDGs)?*

Castillo: No, unfortunately we do not participate much. Our organization is very new. However, we look forward to further discussions and appreciate this opportunity to express our views.

UNSCN: *Do you think the post-2015 development agenda and the SDGs will effectively improve the health, well-being and prospects of the groups you represent? If yes, how? If no, why not?*

Castillo: These processes contribute greatly to push important issues in country agendas. Governments are those who ultimately define the agenda according to their own priorities, and develop their implementation plans. But international goals can help shape national agendas too. Hopefully, it will also represent an opportunity for more civil society participation.

UNSCN: *What opportunities do you see for the SDGs to improve nutrition, particularly in the 1000 days between a woman's pregnancy and her child's second birthday? What issues do you think the SDGs must not leave out?*

Castillo: In low-income countries, improving nutrition in the first 1000 days is a crucial action that determines the survival of children and their future well-being. However, there is an ethical problem to focus only on the first 1000 days: what happens after the 1000 days? Is there no more support? Actions should cover all children, without age limits. In countries with a better economic situation, we would expect greater access to healthy food, starting with the promotion of breastfeeding, and access to clean water. However, this does not always happen. Traditional diets have been replaced by ultraprocessed foods, high in sugar, salt and fat, at low prices. This is a very important determinant of overweight and obesity. On the other hand, intensive industrial processes have contaminated water, air and soil, limiting the availability of clean water. These are issues that should not be left out of the post-2015 agenda.

UNSCN: *In September, all countries including yours will decide on the new post-2015 development agenda. Are you aware of the position your country is taking regarding the SDGs? Do you feel you have a say in this? What can civil society do to ensure that nutrition is a priority for your country in the post-2015 negotiations?*

Castillo: I am not clear what the position of Chile is in relation to the new post-2015 development agenda. Civil

society should be involved throughout the process and monitor the implementation of commitments. In Chile, a strong social movement calling for government action to promote healthy diets has emerged. But we need now to work making this a national priority in the long-term.

UNSCN: *What do you think is necessary to ensure that the SDGs are implemented to the fullest?*

Castillo: Government endorsement is always a good sign of commitment, but perhaps the development of a framework agreement on healthy diets, with key points clearly identified, could push countries and provide a basis for civil society advocacy to promote government accountability.

“Traditional diets have been replaced by ultraprocessed foods high in sugar, fat and salt. This is a key determinant of the obesity crisis, and should not be left out of the post-2015 agenda.”

Dr. Cecilia Castillo Lancellotti, MD, MPH, PhD in human nutrition, was Head of the Nutrition Department of the Ministry of Health in Chile between 1993 and 2000. She currently works as a paediatrician and is member of a civil society organization called Frente por un Chile Saludable. The organization works to incorporate health in all policies and monitor their development and implementation.

Voices from the field: Uganda

Interview with **Joel Joshua Komakech**
The Hunger Project Uganda

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Mr Komakech declared not having any conflict of interest.

UNSCN: *The Millennium Development Goals (MDGs) will come to an end this year, in 2015. What is your evaluation of the progress made with the MDGs? From your perspective, did having such targets make a difference? If yes, could you give examples? If no, why not?*

Komakech: There has been a commendable progress on some of the MGDs in Uganda, with the implementation of strategies from government and development partners, e.g. universal education, mass immunization campaigns through Family Health Days, among others. Even though the progress on some goals, such as MDG5 on maternal mortality and MDG7 on sustainable development, has been scarce, we could see overwhelming progress on MDG1 on poverty reduction, as well as MDGs 2, 3 and 4.

The targets made a difference and will always make a difference as they give a scale of measure for attainment of the goal. They provide means through which actors can evaluate performance against, and help evaluate the resources put in to promote change. The targets also present an opportunity for appreciation on efforts because

whereas a goal may not have been completely achieved, a target will indicate the extent of change and additional efforts needed.

UNSCN: *Are you or your organization participating in or following the current debates about new universal targets for countries after 2015, the Sustainable Development Goals (SDGs)?*

Komakech: As The Hunger Project (THP), we are eager to dig deeper into the SDGs process and to explore the strategic role we can play in the next decade. We have formed dialogue groups and teams for this work. A Global Dialogues Hub for all THP staff has been made available online, where key documents have been shared. This will be continually updated.

And yes, we are participating in the process, as part of several working groups with other civil society organizations at country level. We front the pressure on government to prioritize our key areas of interest as representatives of grassroots communities. Our CEO was selected as one of 21 spokespeople from the six major groups

(nongovernmental organizations, women, youth, businesses, farmers and indigenous peoples) to address an interactive session on the post-2015 agenda in February 2015.

UNSCN: *Do you think the post-2015 development agenda and the SDGs will effectively improve the health, well-being and prospects of the groups you represent? If yes, how? If no, why not?*

Komakech: Yes. The specificity of the SDGs and their targets in addressing health issues will help on performance measurement and improvement. Monitoring of outputs and impact of the SDGs is crucial for us to be able to get a detailed picture of the progress.

UNSCN: *What opportunities do you see for the SDGs to improve nutrition, particularly in the 1000 days between a woman's pregnancy and her child's second birthday? What issues do you think the SDGs must not leave out?*

Komakech: There is clear inclusion of food security and all of its dimensions (access, availability, affordability and utilization), with emphasis on nutrition security, going beyond the mere access of food but seeking to detail on the quality of the food consumed, the macro- and micro-nutrient content and the relationship with health, especially to the critical groups like mothers and children (SDG2). But under SDG3, there should be a target on safe motherhood commodities, and SDG2 should include targets on exclusive breastfeeding promotion, infant and young child feeding, in addition to child health promotion and growth monitoring.

UNSCN: *What is the best way to ensure that nutrition security is well-embedded in the SDGs goals and targets?*

Komakech: It should stand strongly as shown in SDG2. Nutrition security is quite important for the attainment of SDGs 1, 3, 4, 5, 8, 9, 10, 11 and 12, to mention but a few.

UNSCN: *In September, all countries including yours will decide on the new post-2015 development agenda. Are you aware about the position your country is taking regarding the SDGs? Do you feel you have a say in this? What can civil society do to ensure that nutrition is a priority for your country in the post-2015 negotiations?*

Komakech: Uganda, like many African countries, has an integrated agenda looking at development issues, taking into account the intricate links between the socioeconomic, cultural and environmental dimensions of devel-

“What is missing, in our view, is the recognition that achieving the SDGs will be a bottom-up process.”

opment. And yes, THP has had a say in the process, as I have highlighted earlier. Increased action of pressure groups, for example through the Uganda Civil Society Coalition on Scaling up Nutrition, has strengthened/created intraparlament working groups and worked to raise awareness at national, regional, district and grassroots levels, in order to promote a bottom-up, demand-driven approach for the SDG discussions in the country to inform the team participating in the global negotiations of the SDGs.

UNSCN: *What do you think is necessary to ensure that the SDGs are implemented to the fullest?*

Komakech: THP endorses the call for a bold and transformative agenda, across all 17 goals. What is missing, in our view, is the recognition that achieving the SDGs will be a bottom-up process. We would welcome more action on empowering people, so that every women, man and child can be the authors of their own development. We would also welcome more social mobilization and participation, and local government engagement. All of the inextricably linked issues in the SDGs (e.g. health, education, nutrition, natural resource management and sustainable economic development) require gender-focused, community-led development. The SDGs also need to be localized, with local data collection so that community actors can set their own priorities and track their own progress.

Joel Joshua Komakech is a Public Health Specialist with a BSc in Human Nutrition & Dietetics and an MSc in Public Health. Joel is a Programme Officer of four projects in central Uganda and doubles as the nutrition focal person of The Hunger Project Uganda. Joel supports the coordination of implementation of over nine catalytic programmes developed under the MDG framework and supports grassroots/community resource persons.

Special thanks to Christine Muyama for conducting this interview.

Voices from the field: Uganda

Interview with **Christine Muyama**

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Ms Muyama declared not having any conflict of interest.



UNSCN: *The Millennium Development Goals (MDGs) will come to an end this year, in 2015. What is your evaluation of the progress made with the MDGs? From your perspective, did having such targets make a difference? If yes, could you give examples? If no, why not?*

Muyama: Uganda has made progress towards the achievement of the MDGs, most notably has been the progress on halving the proportion of people below the national poverty line, which was achieved before the 2015 deadline. There has also been a substantial reduction in hunger and undernutrition, but the levels of stunting are still unacceptable, with 33% of the children still stunted, according to the Uganda Demographic and Health Survey (DHS) in 2012. Primary school completion rate increased greatly, but there are still major concerns regarding education quality and poor learning outcomes, even though literacy is gradually improving. Despite significant health improvements, child and maternal deaths from preventable causes still remains a big challenge, with many deaths occurring before the child's fifth birthday.

But yes, I believe that having the MDGs made a difference, as they have been an important implementation and monitoring tool at country level.

UNSCN: *Do you think the post-2015 development agenda and the Sustainable Development Goals (SDGs) will effectively improve the health, well-being and prospects of the groups you represent? If yes, how? If no, why not?*

Muyama: Yes. The SDGs will go a step further to improve the health of the communities than the MDGs did, as they have been developed considering the challenges identified during the MDGs, for example those that arose from lack of the community voice. Community voices have been better expressed in the process of the SDGs.

UNSCN: *What opportunities do you see for the SDGs to improve nutrition, particularly in the 1000 days between*

a woman's pregnancy and her child's second birthday? What issues do you think the SDGs must not leave out?

Muyama: There is already a ray of light in regards to nutrition in SDG2, and in a series of indicators such as the prevalence of anaemia in women of reproductive age, which is key to improve nutrition in the first 1000 days of a child's life. But the SDGs should not leave out other indicators, such as:

- prevalence of stunting, wasting, exclusive breastfeeding, and low birth weight;
- percentage of national budget allocated to nutrition;
- proportion of the population below a minimum level of dietary energy consumption.

UNSCN: *What is the best way to ensure that nutrition security is well-embedded in the SDGs goals and targets?*

Muyama: Ensure that there are specific indicators on nutrition security clearly outlined, to make the goals measurable. It is also important that those indicators take into consideration different fragile contexts in the communities. This can be done by sustaining engagement between negotiators and communities. The negotiators should be given the relevant information and the evidence to ensure nutrition security remains key on their agenda.

UNSCN: *In September, all countries including yours will decide on the new post-2015 development agenda. Are you aware about the position your country is taking regarding the post-2015 and the SDGs? Do you feel you have a say in this? What can civil society do to ensure that nutrition is a priority for your country in the post-2015 negotiations?*

Muyama: Uganda does not have a position on post-2015 and is subscribing to the broader African position. But we have been engaged since 2012. As a coalition, UCCO-SUN has contributed to these ideas right from the grassroots

and up to the regional level. This has included collection of community voices that lead to the development of the Uganda civil society position paper. We have also launched the Action 2015 campaign in Uganda, and there are ongoing consultations with government negotiators on the key issues that need to be prioritized during the process of development of targets and indicators.

As civil society, we need to generate sufficient evidence about nutrition and the dire consequences malnutrition has to Uganda now and in the future. We have to engage the negotiators from Uganda so that nutrition is part of the national negotiation and is key on the Ugandan Government agenda during intergovernmental negotiation processes.

UNSCN: What do you think is necessary to ensure that the SDGs are implemented to the fullest?

Muyama: There should be political commitment and will from the different government sectors, to support and fully implement the SDGs. All stakeholders need to play

“There should be political commitment and will from the different government sectors, to support and fully implement the SDGs.”

their role in the process of implementation, and there should be a robust process of creating awareness so that everybody is aware of their roles and responsibilities. Finally, country-specific monitoring and accountability frameworks for the SDGs should be established.

Muyama Christine is the Coordinator of the Uganda Civil Society Coalition on Scaling up Nutrition (UCCO-SUN). She also represents UCCO-SUN in various nutrition task forces at the national and international levels. Christine is a trained Nutritionist and holds a BSc in Human Nutrition and Dietetics.

Special thanks to Maria Akello for conducting this interview.

Voices from the field: Niger

Interview with **El Hadj Ide Djermakoye**
International Alliance on MDGs

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Dr Djermakoye declared not having any conflict of interest.



UNSCN: The Millennium Development Goals (MDGs) will come to an end this year, in 2015. What is your evaluation of the progress made with the MDGs? From your perspective, did having such targets make a difference? If yes, could you give examples? If no, why not?

Djermakoye: It is true that Member States had united in 2000 to commit to the goals proposed in the MDG framework. However, despite the considerable amount of effort, there remains much to be done for the MDGs, as some will not be achieved by 2015. We believe that a lot has been done in Niger for MDG4 and MDG5, and maybe even nutrition, because at this level many political and strategic frameworks have been developed and adopted. The MDGs were truly a brilliant idea; had it not been for

the strong and ambitious commitment brought by the MDGs, I do not think the Paris 2005 Declaration could have been adopted.

UNSCN: Based on the current debates on new targets post-2015, are you personally or on behalf of your organization in support of the proposed Sustainable Development Goals (SDGs)?

Djermakoye: Yes, we are in favour of SDGs, and believe that they could be aligned with strategies that Niger is about to develop, such as Vision 2035. We think this is a very good initiative to prepare for recent challenges that affect the health of populations, such as climate change.

UNSCN: Do you think the post-2015 development agenda and the SDGs will effectively improve the health, well-

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being and prospects of the groups you represent? If yes, how? If no, why not?

Djermakoye: Yes I do think so, but only if people understand their roles and responsibilities. What may be missing is better supported communication where all stakeholders are aware of the role and responsibilities they have to play. Weak coordination and information sharing are a challenge, we lack a good communication mechanism. People are not sufficiently involved and, sometimes, it is due to their level of education. So we also need to invest in building capacity. Municipalities represent a great opportunity for development. There is a need to strengthen the capacity of all municipalities, so they can be better engage with development processes.

UNSCN: *What opportunities do you see for the SDGs to improve nutrition, particularly in the 1000 days between a woman's pregnancy and her child's second birthday? What issues do you think the SDGs must not leave out?*

Djermakoye: It is not only the enhancement of communication and capacity building, but also the need to develop strategic partnerships. An important aspect to highlight is the promotion of public-private partnerships, which should enable all stakeholders to get involved, based on well-established terms of engagement where institutional, legal and organizational aspects are described, known and accepted by all.

UNSCN: *What is the best way to ensure that nutrition security is well-embedded in the SDGs goals and targets?*

Djermakoye: We need to create a development movement at the community level, really engage grassroots workers. We have to be able to build the capacity of all domains of the community, engaging health workers, radio stations, municipalities, villages. While we have qualified workers in municipalities, we need to increase the recruitment of nutritionists and social workers at this level. All dimensions of nutrition and the promotion of good care practices by families can usefully be taken into account at the community level.

UNSCN: *In September, all countries including yours will decide on the new post-2015 development agenda. Are you aware about the position your country is taking regarding the post-2015 and the SDGs? Do you feel you have a say in this? What can civil society do to ensure that nutrition is a priority for your country in the post-2015 negotiations?*

"We need to create a development movement at the community level, really engage grassroots workers."

Djermakoye: We are involved, our organization is international and participates at different levels. We are currently considering the development of a multistakeholder charter that will allow us to take into account all the dimensions of nutrition and wellness, highlighting all the sectoral policies we have. As civil society, we recognize the need to raise awareness among communities so that they are not only beneficiaries, but also agents for change. We are engaged in the organization of a number of meetings and events to draw attention of people at the community level on the SDGs negotiation process. Civil society can act as representatives of the voiceless at various summits, so that world leaders can hear and understand the reality in the field. Regarding nutrition, this includes cultural diversity, to mention one example.

UNSCN: *What do you think is necessary to ensure that the SDGs are implemented to the fullest?*

Djermakoye: In my opinion, what is important is that we clearly define roles and responsibilities. Specifically for Niger, we need to act to establish a national framework for action on nutrition. We also need to ensure people understand the commitments municipalities and regions have regarding national and international goals. We need to improve coordination and communication on nutrition. And there are a lot of unevaluated health and nutrition policies and projects, we need to evaluate all policies in order to ensure alignment and for that, we need funding. Funding for nutrition is crucial. We must work as to better coordinate both internal and external financial resources.

Dr El Hadj Idé Djermakoye is educated in Public Health Management and Public Health Nutrition, in addition to a PhD in Community Health. Since his retirement in 1999, he works with civil society. He currently works as focal point for the International Alliance on MDGs in Niger.

Voices from the field: Niger

Interview with **Aboubacar Mahamadou**

3N initiative: Nigerians feeding Nigerians

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Mr Aboubacar declared not having any conflict of interest.



UNSCN: *The Millennium Development Goals (MDGs) will come to an end this year, in 2015. What is your evaluation of the progress made with the MDGs? From your perspective, did having such targets make a difference? If yes, could you give examples? If no, why not?*

Aboubacar: In Niger, since 2000 we have observed a reduction of infant mortality, which is extraordinary. We reduced our newborn mortality rate from 274/1000 to 127/1000 in this period. I evaluate the MDGs positively, as having clear goals helped us in this progress. It brought something new to our country, and for all humanity, because for the first time countries facing the same difficult realities had common goals. The MDGs helped prompt countries to act to achieve these common goals. They also provided a common base of reference against which to evaluate progress. Before we had common goals, it was difficult to judge whether countries were achieving something. For Niger, it allowed us to align ourselves with other countries and compare our data with respect to these goals, and evaluate our progress in comparison to other countries. And taking up the issue of poverty, it helped us realign our policies and include innovations in the area of, for example, social safety nets. This is something that really has helped to improve substantially the income of our communities and build their resilience.

UNSCN: *Based on the current debates on new targets post-2015, are you personally or on behalf of your organization in support of the proposed Sustainable Development Goals (SDGs).*

Aboubacar: Based on my positive evaluation of the MDGs, yes I believe the SDGs will be beneficial, and we can learn from the shortcomings of the MDGs and improve. The 3N Initiative High Commission is also of that opinion.

UNSCN: *Do you think the post-2015 development agenda and the SDGs will effectively improve the health, well-*

being and prospects of the groups you represent? If yes, how? If no, why not?

Aboubacar: It will strongly help. The goals for the 3N Initiative are set for achievement by 2035, and having mid-term goals (the SDGs) by 2025 will certainly help us in the way forward with the 3N Initiative goals. These goals are aligned and moving in the same direction.

UNSCN: *What is the best way to ensure that nutrition security is well-embedded in the SDGs goals and targets?*

Aboubacar: The first aspect to consider is the integration of interventions. How can we best integrate them, coordinate them, engaging different sectors and actors? How can we integrate implementation? The second aspect is community involvement and ownership. How to empower them, and encourage them to consider their own development? And the third aspect, is that of sustainability. How to implement sustainable and perennial interventions, with the involvement of communities? Being able to advance on these issues will enable a better integration of nutrition in any framework, including the SDGs.

UNSCN: *In September, all countries including yours, will decide on the new post-2015 development agenda. Are you aware about the position your country is taking regarding the post-2015 and the SDGs? Do you feel you have a say in this? What can civil society do to ensure that nutrition is a priority for your country in the post-2015 negotiations?*

Aboubacar: We are aware, and are following the discussions. Niger has a strong political commitment to nutrition, through for example the 3N Initiative, therefore the country's position is likely to be linked to the improvement of nutritional status based on the approach that the 3N Initiative is promoting to improve nutrition by 2035. Niger is not alone in promoting nutrition, it is visible that several developing countries also have nutrition in their agenda.

Scientific evidence on the benefits for countries and people of investing in nutrition is important to help make the case for nutrition in such negotiations. There is no development without nutrition. Nutrition must be the top priority for the development of a nation.

UNSCN: *What do you think is necessary to ensure that the SDGs are implemented to the fullest?*

Aboubacar: We must stay as objective as possible, and prioritize. We need to see what we really need as an intervention, knowing where to start and what to do, ask the most relevant questions, and consider what our possibilities are. We need to set goals based on our national contexts. And we have to remember ownership. It is useless to commit to goals if you only rely on aid. We need to mobilize more resources at country level, and elsewhere.

“Nutrition must be the top priority for the development of a nation.”

Aboubacar Mahamadou has a doctorate in general medicine and several other training courses on public health and nutrition. He has held major positions in the Ministry of Public Health in Niger and in some international organizations including Helen Keller International and UNHCR. He is currently technical assistant and advisor on health and nutrition to the High Commission of the 3N initiative (Nigeriens feeding Nigeriens).

Voices from the field: Myanmar

Interview with **San San Myint**

Scaling Up Nutrition Civil Society Alliance Coordinator

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Dr Myint declared not having any conflict of interest.



UNSCN: *Are you or your organization participating in or following the current debates about new universal targets for countries after 2015, the Sustainable Development Goals (SDGs)?*

Myint: Yes. We have been discussing with the Ministry of Health in order to prepare for the international discussions where senior officials will be asked what their nutrition priorities are, and produced a briefing on what needs to be prioritized. We feel it is really important to have not only an SDG dedicated to nutrition, but nutrition integrated into other SDGs as well. And this needs to be reflected at national level, too.

In Myanmar, to be able to do this we need to review the current National Plan of Action for Food and Nutrition (NPAFN-2011-2015). There is a lot of ambition on the NPAFN and some of the goals and targets were not realistic for the time period given. We need to select some of the goals in this document, and also see how to integrate them into other national development goals. There is a lot

about nutrition being integrated in goals for agriculture in this document.

UNSCN: *What could the proposed SDGs mean for local communities in Myanmar?*

Myint: They could lead to more community involvement in national planning processes. This is a challenge, but there are plans being elaborated at the district level. It would be great if a bottom-up planning process, which has been initiated, could be more realistic and inclusive, and bring better accountability mechanisms.

UNSCN: *Do you envisage the SDGs being translated to a local accountability mechanism?*

Myint: Discussions have started at the highest level, but this needs to be trickled down to the community level, and this will take some time as people are used to top-down planning. Consultation can take them away from income earning opportunities, so we need to devise methods that do not become a burden on them.

We are just developing our freedom of speech in our country, so it will take time for people to change and understand that they should speak up and voice their needs and concerns as they are now free of most limitations. For the younger generations it is much easier to speak out, but for the older generations we still have a taboo. At a community level, I see more women standing up and speaking.

People talk about accountability a lot, it is being initiated at the community level by nongovernmental organizations (NGOs), but it has not yet been formalized in the government system. Country leaders are eager to build an image of a free society, but for this to happen, it is going to take time.

UNSCN: What issues do you think the SDGs must not leave out?

Myint: Around 75% of the population lives in rural areas, so in the coming years we need to look at equity issues. How do we ensure access to food and to basic services? The two are interlinked. It is difficult for any government to take full responsibility of access to services, and strategic partners such as the communities and NGOs need to work with government to fill in gaps in service delivery and outreach.

“People talk about accountability a lot, it is being initiated at the community level by NGOs, but it has not yet been formalized in the government system.”

San San Myint is a medical doctor and has a post graduate diploma in Obstetrics and a Master of Public Health in Population and Family Health. She has several years of experience working in health, nutrition and HIV with governments, donors and United Nations organizations in different countries, including Botswana, Cambodia, China, Myanmar, Lao People’s Democratic Republic, Viet Nam and Zambia. Since her return to Myanmar, she has facilitated the establishment and programme design of health programmes for PATH, and participated in establishing the Civil Society Alliance for Scaling Up Nutrition (SUN CSA).

Basra Farah Fund for Women and Children (BFF)



Basra Farah Hassan, killed on 17 January 2014 in a terrorist attack in Kabul, Afghanistan, was a Somali-born American citizen. She was a nutritionist, one of very few Somalis who specialized in human nutrition. At the time of her death, she was an employee of UNICEF and was working in Kabul in the field of humanitarian and emergency aid. Basra devoted her life and career to improving the health of the most vulnerable mothers and children both in her direct environment and internationally.

In her memory, her family has established the **Basra Farah Fund** for mothers and children. The Fund is a not-for-profit organization that honours her name and intends to continue her work. It is our hope that Basra’s humanitarian legacy lives on through this charitable organization.

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SPEAKER'S CORNER

Towards a framework convention on healthy diets

Olivier De Schutter, former United Nations Special Rapporteur on the right to food (2008–2014) and currently a member of the UN Committee on Economic, Social and Cultural Rights

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A diagnosis

Modern food systems rely on a combination of tools that, together, encourage increased levels of production and a higher reliance on industrially processed foods in diets. This is how they developed in rich countries, not least by the use of subsidies to farmers to encourage them to grow large volumes of agricultural raw materials (corn, wheat and soybean in particular) as inputs for the food processing industry (Pollan 2007). This productivist approach expanded over the past 40 years in developing regions, in the form of what came to be called the Green Revolution: a combination of high-yield crop varieties, the expansion of large-scale irrigation, the use of inorganic fertilizers and pesticides, and the mechanization of farming (Borlaug 2000).

These approaches were highly successful by their own standards, as they allowed agricultural production to increase calorie availability per capita without significantly expanding the areas under cultivation: in 1961, the world population of 3.5 billion people was fed by cultivating 1.37 billion hectares of land; 50 years later, when the population doubled to 7 billion people, only 12% more land – a total of 1.53 billion hectares – was used for cultivation (Fuglie and Nin-Pratt 2012). Yet, successful as they were on this account, the policies that were put in place in the 1960s and 1970s were focused almost exclusively on boosting production of cheap calories, and they ne-

glected to take into account the requirements of an adequate diet. Monocultures had the unintended consequence to reduce the nutrient content of crops, especially vegetables (Davis et al. 2004), and of reducing the diversity of diets. It is now time to face the health impacts of this imbalance.

The public health problems associated with agricultural policies focused on increasing outputs are a concern in both poor and rich countries. On the one hand, many countries still experience unacceptably high rates of malnourishment: 45% underfive mortality is attributable to undernutrition, and half of the years with disability of children of age 4 and under can be explained by nutritional deficiencies (Black et al. 2013, Vos et al. 2012). On the other hand, diseases linked to overweight that were thought to be limited to high-income countries now affect all regions. As low-income countries rise to the status of middle-income countries, they go through a nutrition transition that leads to a growth of noncommunicable diseases (NCDs) (such as type 2 diabetes, cardiovascular diseases, and certain types of cancers), the result of overconsumption or of diets that are too rich in salt, sugar, and certain fats. More than 1.4 billion people worldwide are overweight (with a body mass index—BMI ≥ 25) and more than half a billion are obese (with a BMI ≥ 30). The rates of obesity have doubled between 1980 and 2008: this development is such that overweight and obesity cause today, worldwide, with 2.8 million deaths per year,

more deaths than underweight (WHO 2014). Developing countries, particularly emerging economies, are increasingly concerned by this development: by 2030, 5.1 million people will die annually before the age of 60 from non-communicable diseases in poor countries, up from 3.8 million today (Beaglehole et al. 2011). A growing number of countries thus face the double burden of undernutrition and obesity. This is less paradoxical than it may seem: in fact, malnutrition in early life can be a source of obesity in later life, both because the body which is undernourished reacts by stocking fat and because diets poor in vitamins and minerals make it more difficult to process energy-dense foods (Gillis and Gillis 2005).

Within each country, the impacts vary across population groups. As a country transitions towards higher levels of income, the burden of overweight and obesity shifts: the poorest segment of the population is not at risk of obesity in poor countries (Levy-Costa et al. 2005), but in upper-middle income developing economies (with a gross national product per capita over about US\$2500) and in high-income countries, it is they who are most negatively affected, largely because of the obesogenic environment in which they live and poorer nutrition education. As the poor bear a disproportionate burden of overweight or obesity linked to the nutrition transition, women are particularly at risk, because their incomes are on average lower than those of men, and because men in the low-income group often are employed with tasks that are physically demanding and require large expenses of energy. Overweight or obese women tend to give birth to children who themselves tend to be overweight or obese, resulting in lower productivity and discrimination: thus, socioeconomic disadvantage is perpetuated across generations, by the channel of overweight or obesity (Sassi 2010).

The nutrition transition that fast-growing developing countries experience (characterized by a shift towards more heavily processed foods, richer in salt, sugar and saturated fats) may have particularly severe human impacts. First, the health care systems of developing countries are less well-equipped to address the impacts of overweight and obesity: The World Health Organization (WHO) reports that in South-East Asia, 41% of deaths caused by high BMI occur under the age of 60, compared with 18% in high-income countries (WHO 2009). Second, the families affected in developing countries may find it more difficult to cope. In India, for example, treatment for

diabetes costs an affected person on average 15–25% of household earnings (Ramachandran et al. 2007), and cardiovascular disease leads to catastrophic expenditure for 25% of Indian families and drives 10% of families into poverty (Mahal et al. 2010). In addition, people who are affected may not be able to work, and their family members may have to take care of them, resulting in lost revenues. Third, although there is an important time lag between the onset of obesity and the increase in health care costs, this development may have significant economic consequences in the next few years in the emerging economies. For instance, one scholar estimates that, as overweight and obesity are predicted to double in China by the next 2 decades, their indirect economic effects, of 3.58% of the gross domestic product (GDP) in 2000, would reach 8.73% in 2025 (Popkin 2008). In Mexico, where the nutrition transition has been particularly brutal, some 35 million adult Mexicans (7 out of 10) are overweight or obese; these people will live ill, on average, for 18.5 years during their lifetime. The Ministry of Health has calculated that this phenomenon was costing Mexico 42 246 billion MXN (Mexican pesos) (US\$1.822 billion) in medical care in 2008, representing 0.3% of GDP, and 25 099 billion MXN (US\$3.067 billion), or 0.2% of GDP, in premature deaths. By 2017, the direct costs of obesity will rise to 78 billion MXN (US\$5.65 billion); already today, 15% of total health care expenses in Mexico are for the treatment of diabetes (Zhang et al. 2010).

These problems originated from a number of policy choices that shaped the food systems we have inherited. The technological package that allowed the impressive productivity gains in agriculture during the 20th century, beginning in the 1920s in rich countries, in the 1950s in Latin America and after 1965 in South Asia, significantly improved calorie and protein intake in the regions concerned (Rosegrant and Hazell 2000, Fan 2007). At the same time, however, the focus on the production of major cereals (wheat, maize and rice especially) altered relative food prices: while important staples were made more accessible to the poor, thus allowing increased levels of consumption for net food-buying households, the prices of pulses and vegetables, that are richer in micronutrients, came to rise (Bouis 2000, Kataki 2002). In the long run, the focus of research and investment on major cereals transformed farmers in commodity producers, better equipped to provide the food processing industry with large volumes of raw materials, than to feed their com-

munities. This encouraged the globalization of food chains and the increased reliance on refined grains and processed foods in rich countries and, in the developing world, for the middle-class and urban populations. The globalization of diets accelerated the nutrition transition, with severe impacts on the health of the population groups concerned (Hawkes 2006, Kearney 2010, De Schutter 2011, Grover 2014).

These challenges are well-recognized, yet governments' responses to date have been weak: 10 years after the launch of the [Global Strategy on Diet, Physical Activity and Health](#), adopted by World Health Assembly resolution 57.17 on 22 May 2004, the results fall far below the expectations. Given the links between agriculture, food and health, and the need to address the structural issues and policy choices that underlie poor diets, governments should support more diverse farming systems, the relocalization of diets, and better access to fresh and nutritious foods (De Schutter 2014a, 2014b). Agricultural policies have been proven to be particularly resistant to reform, however, as they have been opposed by vested interests and faced high sunk investment costs. The governance tools have proven insufficient to the task. Moreover, agriculture, food, health, rural development and the environment have largely been dealt with separately, through distinct sectoral policies. These policy areas must now be considered in combination, if we want to decisively tackle the problem of unhealthy diets.

A new instrument

The proposal for a new [Global Convention to Protect and Promote Healthy Diets](#) was made in May 2014 by Consumers International and the World Obesity Federation. Its objective is to "protect current and future generations from avoidable, diet-related ill health by providing a health promoting food environment through a framework of dietary protection and promotion measures, ... in order to reduce continually and substantially the prevalence of diet-related disease" (CI and World Obesity Federation 2014, Art 3). It is modeled on [WHO's Framework Convention on Tobacco Control](#) (FCTC). Adopted in 2003 when, for the first time, WHO chose to resort to a legally binding international instrument (Roemer et al. 2005), the FCTC is to date the most successful instrument to impose on governments to take action to reduce the burden of NCDs: it has been ratified at an impressive speed (it has now 180 States Parties) (Nikogosian 2010), and research shows

that the FCTC significantly accelerated the adoption of mandatory health warning labels, though the pace of progress was slower where warning labels had been adopted by the industry on a voluntary basis (Sanders-Jackson et al. 2013). The new Convention on Healthy Diets would require states to adopt a plan of action towards healthy diets for their population, covering a range of areas including education and the provision of nutrition information; advertising, promotion and sponsorship of food and beverage; improvement of the nutritional quality of food (and, correlatively, the reduction of levels of potentially harmful nutrients); adoption of nutritional standards for food services in schools, hospitals and public institutions; and interventions to influence positive consumption patterns.

The adoption of such a legally binding instrument would present three major advantages. First, the implication would be that governments would not simply adopt resolutions, as they do on a regular basis in the World Health Assembly or in the United Nations General Assembly, on the need to combat NCDs: they would actually be held *accountable* for results. Such accountability requires that, once commitments are made and targets set, progress is monitored, including progress in the establishment of an appropriate legislative, policy and institutional framework (as measured by so-called structural indicators), progress in the delivery of resources (by the use of appropriate process indicators), and progress in the achievement of results (by reliance on outcome indicators). This not only means that governments shall not be allowed to set certain policy goals and then fail to implement them; it also implies that where, despite certain measures being adopted, the results obtained are insufficient, the means chosen shall have to be redefined: such monitoring and evaluation thus ensures that the policies are constantly improved in the light of successes and failures in implementation. For monitoring to be effective, it should ideally be performed by independent bodies, such as courts or national human rights institutions; parliamentary bodies or a well-organized civil society could also contribute to holding governments accountable.

Second, the proposed convention requires that the policies that aim to guarantee the right to an adequate diet are designed and implemented with the *participation* of the beneficiaries: governments should "promote the participation of local communities in the development and implementation of socially and culturally appropriate

strategies and programmes" (CI and World Obesity Federation 2014, Art. 3.2b). The requirement of participation, consistent with guideline 10.3 of the [*Voluntary guidelines in support of the progressive realization of the right to adequate food in the context of national food security*](#), a set of recommendations adopted by the Food and Agriculture Organization of the United Nations (FAO) General Council in November 2004 (FAO 2004), ensures that local agricultural and nutrition contexts be considered. It also means that solutions will be demand-driven, that local partners will be identified, and that country-led action will not be equated with government-led action. It also allows identifying alternative solutions based on local knowledge and conditions: for instance, homestead or community gardens may be considered instead of imported ready-to-use food rations in nutrition interventions. Participation requires that beneficiaries take part in the process of evaluation, and co-design the solutions that could benefit them most. This is not only empowering, but also enhances the effectiveness of interventions because it builds a feedback loop to facilitate ongoing learning and improvement of policies.

Third, and perhaps most importantly, the draft convention encourages "a coordinated response ..., harnessing all sectors to ensure policy coherence" (CI and World Obesity Federation 2014, Art. 3.3) in order to achieve the aims of the instrument – a reduction of NCDs linked in unhealthy diets. To this end, states should adopt and regularly update "comprehensive multisectoral national nutrition strategies" (CI and World Obesity Federation 2014, Art. 4) and adopt an "integrated food policy across government departments" (CI and World Obesity Federation 2014, Art. 5). This is consistent with what human rights bodies have been demanding for many years: i.e., that states adopt long-term, multiyear strategies for the realization of the right to food, cutting across policy areas. The Committee on Economic, Social and Cultural Rights (the body of independent experts monitoring compliance with the International Covenant on Economic, Social and Cultural Rights, which guarantees both the right to food and the right to health) recommends that State Parties to the Covenant on Economic, Social and Cultural Rights work towards "the adoption of a national strategy to ensure food and nutrition security for all, based on human rights principles that define the objectives, and the formulation of policies and corresponding benchmarks" (CESCR 1999, para. 21). The above-mentioned Right to Food Guidelines

encourage the adoption of "a national human-rights based strategy for the progressive realization of the right to adequate food ... [which] include objectives, targets, benchmarks and time frames; and actions to formulate policies, identify and mobilize resources, define institutional mechanisms, allocate responsibilities, coordinate the activities of different actors, and provide for monitoring mechanisms" (FAO 2004, p. 11).

Such strategies are a particularly useful governance tool to achieve transitions in food systems. First, they identify the measures to be adopted, thus assigning responsibilities across different departments, as well as clear deadlines. This contributes to the goal of accountability mentioned above: a failure to deliver shall be noticed, and shall be imputable to specific bodies, that will be called upon to justify lack of implementation; monitoring by independent bodies, including courts, national human rights institutions or food and nutrition councils, is facilitated; and monitoring and evaluation of policies ensures permanent feedback, and thus learning from experience. Second, the adoption of such plans allows for a whole-of-government approach, in which various policies in the areas of health, education, employment and social protection, agriculture and rural development, are coordinated. This is consistent with the idea that poor nutritional outcomes are explained not by one single factor but by a range of factors, taking into account the full set of immediate, underlying and basic causes (respectively at the individual, the household and the societal levels) (UNICEF 1998, Smith et al. 2003) – because of this multicausal nature of inadequate diets, reversing the current trends calls for a multisectoral approach, involving the full range of relevant ministries. And third, it allows the identification of synergies between programmes that fall under the responsibility of different departments, such as school feeding programmes that source from local small-scale producers or food-for-work programmes that at the same time improve infrastructures in rural areas.

Conclusion

Both high-income countries facing exploding health care costs and environmental degradation as a result of industrial ways of producing food and the expansion of monocropping schemes and the low-income countries where undernutrition is still a problem, have an interest in food systems becoming more sustainable, and focused more on well-being and health rather than only on the increase

of calorie availability. But both face a number of lock-ins that obstruct change. Perhaps the most significant lock-in is political in nature: the large actors who benefit from the current system have acquired a veto power allowing them to block reform, and it takes political courage to confront them. Indeed, just like the adoption of the FCTC was strongly resisted by the tobacco industry (Mamudu et al. 2008), it can be expected that the proposal for a convention on healthy diets will meet with fierce opposition from the industry, the profits of which depend on ever higher rates of processing of foods that “add value” to the product (Lang and Heasman 2004, Nestle 2002). Ultimately, only through more democracy in the food systems and improved accountability can change happen. This is what motivates the proposal for a new Global Convention to Promote and Protect Healthy Diets. By committing states to adopt comprehensive food policies that result in a healthy food environment, the convention would improve transparency in decision-making and favor a greater involvement of people in shaping the food systems that they depend on. The requirements of accountability and participation would allow people to move from being passive consumers to becoming active citizens: only through such an approach can we hope to overcome the existing lock-ins.

References

- Beaglehole R et al. (2011) Priority actions for the non-communicable disease crisis. *Lancet*, 377(9775), pp. 1438-47.
- Black R, Victora C, Walker S, Bhutta Z, Christian P, de Onis M, Ezzati M, Grantham-McGregor S, Katz J, Martorell R, Uauy R, and the Maternal and Child Nutrition Study Group (2013) Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*, 382 (9890), pp. 427-51.
- Borlaug NE (2000) *The Green Revolution Revisited and the Road Ahead*. Special 30th Anniversary Lecture, Oslo: Norwegian Nobel Institute.
- Bouis HE (ed) (2000) Special issue on improving nutrition through agriculture. *Food and Nutrition Bulletin*, 21(4).
- Committee on Economic, Social and Cultural Rights (CESCR) (1999). General Comment No.12: *The right to food*, UN doc. E/C.12/1999/5.
- Consumers International (CI) and World Obesity Federation (2014) *Recommendations towards a Global Convention to protect and promote healthy diets*. ([online](#))
- Davis DR, Epp MD and Riordan HD (2004) Changes in USDA Food Composition Data for 43 Garden Crops, 1950 to 1999. *J Amer Col Nutr*, 23(6), pp. 669-682.
- De Schutter O (2011) *The Adequacy of Diets and the Right to Food: the agriculture-food-health nexus*. Report of the Special Rapporteur on the right to food to the 19th Session of the UN Human Rights Council, UN doc. A/HRC/19/59.
- De Schutter O (2014a) *The transformative potential of the right to food*. Final Report of the Special Rapporteur on the right to food to the 20th session of the Human Rights Council. UN doc. A/HRC/25/57.
- De Schutter O (2014b) The Specter of Productivism and Food Democracy. *Wisconsin Law Review*, pp. 199-233.
- Fan S (2007) *Agricultural research and urban poverty in China and India*. In Adato M and Meinzen-Dick R (eds). *Agricultural research, livelihoods, and poverty: Studies of economic and social impacts in six countries*. Baltimore: Johns Hopkins University Press.
- Food and Agriculture Organization of the United Nations (FAO) (2004) *Voluntary Guidelines to support the progressive realization of the right to adequate food in the context of national food security*. Rome: FAO.
- Fuglie K and Nin-Pratt A (2012) *A Changing Global Harvest. 2012 Global Food Policy Report*. Washington DC: International Food Policy Research Institute.
- Gillis L and Gillis A (2005) Nutrient inadequacy in obese and non-obese youth. *Canadian J. Dietetic Practice and Res*, 66(4), pp. 237-42
- Grover A (2014) *Unhealthy foods, non-communicable diseases and the right to health*. Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health to the 26th session of the Human Rights Council, UN doc. A/HRC/26/31.
- Hawkes C (2006) Uneven dietary development: linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases. *Globalization and Health*, 2(4).
- Kataki PK (2002) Shifts in cropping system and its effect on human nutrition: Case study from India. *Journal of Crop Production*, 6 (1-2), pp. 119-144.
- Kearney J (2010) Food Consumption Trends and Drivers. *Phil Trans R Soc*, 365, 1554 (2010), pp. 2793-280.
- Lang T and Heasman M (2004) *Food Wars. The Global Battle for Mouths, Minds and Markets*. London: Earthscan.
- Levy-Costa RB, Sichieri R, Pontes NS and Monteiro CA (2005) Household food availability in Brazil: distribution and trends (1974-2003). *Revista de Saúde Pública*, 39, pp. 530-540.
- Mahal A et al. (2010) *The economic implications of non-communicable disease for India*. Washington DC: The World Bank.
- Mamudu HM, Hammond R and Glantz S (2008) Tobacco Industry Attempts to Counter the World Bank Report Curbing the Epidemic and Obstruct the WHO Framework Convention on Tobacco Control. *Social science & medicine*, 67(11), pp. 1690-9.
- Nestle M (2002) *Food Politics. How the Food Industry Influences Nutrition and Health*. Berkeley: University of California Press.
- Nikogosian H (2010) WHO Framework Convention on Tobacco Control: a key milestone. *Bulletin of the World Health Organization*, 88(2), p. 83.
- Pollan M (2007) *The Omnivore's Dilemma. A Natural History of Four Meals*. New York: The Penguin Press, 2nd ed. (orig. ed. 2006).
- Popkin BM (2008) Will China's nutrition transition overwhelm its health care system and slow economic growth? *Health Aff*, 27, pp. 1064-1076.
- Ramachandran A et al. (2007) Increasing expenditure on health care incurred by diabetic subjects in a developing country: a study from India. *Diabetes Care*, 30, pp. 252-6.
- Roemer R, Taylor A and Lariviere J (2005) Origins of the WHO Framework Convention on Tobacco Control. *Am J Public Health*, 95(6), pp. 936-38.
- Rosegrant MW and Hazell PBR (2000) *Transforming the rural Asia economy: The unfinished revolution*. Hong Kong: Oxford University Press.
- Sanders-Jackson AN, Song AV, Hillamo H and Glantz SA (2013) Effect of the Framework Convention on Tobacco Control and voluntary industry health warning labels on passage of mandated cigarette warning labels from 1965 to 2012: transition probability and event history analyses. *Am J Public Health*, 103(11), pp. 2041-7.
- Sassi F (ed) (2010) *Obesity and the Economics of Prevention*. Paris: OECD.
- Smith et al. (2003) The Importance of Women's Status for Child Nutrition in Developing Countries. IFPRI Research Report 131. Washington DC: International Food Policy Research Institute.
- UNICEF (1998) *The State of the World's Children*. New York: UNICEF.
- Vos T et al. (2012) Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: A systematic analysis for the global burden of disease study 2010. *Lancet*, 380(9859), pp. 2163-2196.
- World Health Organization (WHO) (2009) *Global Health Risks. Mortality and burden of disease attributable to selected major risks*. Geneva: WHO.
- WHO (2014). *Ten facts on obesity*. Geneva: WHO. ([online](#))
- Zhang P et al. (2010) Global healthcare expenditure on diabetes for 2010 and 2030. *Diabetes Research and Clinical Practice*, 87, pp. 293-301.

Goals are more important than means

Comment on “Towards a framework convention on healthy diets”, by Olivier De Schutter

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Overweight and obesity, as well as other consequences of unhealthy diets and poor nutrition, have grown to become some of the leading public health concerns of our time. Changes of epidemic proportions have happened before people and governments could even realize it. Their reactions have been slow, and in many cases ineffective.

The powerful image of Mount Waaler (Deaton 2006) captures better than many statistics the dramatic changes occurring in most countries within the space of a few decades. Mount Waaler is a fictional entity, reflecting an interpretation of Waaler curves (isomortality curves by average height and weight conceived by economist Hans Waaler in the 1980s) as altimetry maps. We do not know what its elevation is, but we know roughly where the Mount's peak must be located, along the two dimensions of height and weight. Mankind has gradually climbed Mount Waaler, moving from one altimetry curve to the next, progressively growing in height, weight and body mass index (BMI), and enjoying an ever longer life span. But the trajectory of this journey no longer aims to the peak. The ascent has been slowed down by an excessive gain in weight-for-height, and the current acceleration in BMI growth has further deflected the trajectory. The populations of most countries, especially, but not exclusively, in the wealthier part of the world, are beginning to circle around the peak of Mount Waaler, rather than pointing straight to it. We can hope that, in a wider perspective, the changes we are observing today will just be a glitch in a long-term trajectory of improvement, but we have yet to see any countries make meaningful progress in reversing current trends.

We know all too well that the changes behind what we call the obesity epidemic are many and difficult to ad-

dress. The quality, quantity, prices and marketing of food have changed in parallel with the use of technology in our lives and work, and, correspondingly, with our physical activity. We could dwell forever on which of these has had a greater role in causing the epidemic, but this would not change the conclusion that we need to both improve nutrition and increase physical activity. We need to reverse the negative effects of the above changes, knowing that the opportunity cost involved in giving up some of the benefits of technology for the sake of being more physically active (e.g. cutting the use of motorized transport, communications or production technologies), are likely larger, for most people, than those involved in making changes in their diets. Hence the policy debate tends to focus more often on ways to incentivize dietary improvements, and so does the production of evidence of the effects of policy initiatives.

The Organisation for Economic Co-operation and Development (OECD), jointly with the World Health Organization (WHO) Regional Office for Europe, carried out a survey of national policies to address obesity in 2007–2008. The survey revealed that a large majority of countries had adopted initiatives aimed at school-aged children, including changes in the school environment, notably regarding food and drink, as well as improvements in facilities for physical activity. The second most common group of interventions involved the public health function of health systems. This includes the development and dissemination of nutrition guidelines and the diffusion of health promotion messages to a wide variety of population groups, as well as the promotion of active transport and active leisure. The survey also showed that governments had used regulation and fiscal levers less than other approaches, probably because of the complexity of the regulatory process, the enforcement costs involved, and the

likelihood of sparking a confrontation with industry stakeholders. Overall, the survey depicted a fairly disappointing picture: one in which many governments seemed more concerned about showing some evidence of action rather than making sure they were taking the most effective measures to address the problem. Since 2008, many governments have stepped up their efforts. Some have adopted comprehensive strategies, leaning either on taxes and regulation (e.g. Hungary, Mexico, just to cite two examples), or multistakeholder initiatives (e.g. the United Kingdom, with a programme of voluntary pledges under the umbrella of the Government's Public Health Responsibility Deal). The financial crisis, along with public health concerns, have pushed an increasing number of countries to considering the use of fiscal levers for health promotion, targeting especially, but not exclusively, sugar-sweetened beverages (OECD 2012, 2014). There is growing evidence of the effectiveness of interventions (Hawkes and Sassi 2015) to help people make healthier food choices. However, governments are still far from making a dent in obesity trends, so it comes as no surprise that more radical options are now being considered in the policy debate, including the proposal for a [*Global Convention to Protect and Promote Healthy Diets*](#).

When discussing the relative merits of using a legal instrument like a global convention to mandate government action on food and nutrition, the first question we must answer is whether the legal strength of a convention is matched by equally solid grounds for government action in this domain. An economic approach to public health problems requires acceptance of the principle that the detrimental health effects of poor nutrition, per se, are a necessary but not a sufficient condition to justify government action. Governments are concerned with the welfare of individuals and society, of which health is one of several dimensions. It is an important dimension, but not the only one. People often make trade-offs between welfare dimensions when they choose how to lead their lives, and it is not surprising that sometimes they accept a risk for their health, in exchange for some gain on a different dimension of their welfare. To the extent that these choices are unconstrained, well-informed, and do not impact negatively on other people, they do not lend themselves to building a case for government intervention. It is only when people are prevented from making the choices that would maximize their welfare that we can build a clear case for government action (Sassi 2010). For in-

stance, information failures (e.g. on health risks) may lead to an inadequate knowledge or understanding of the long-term consequences of one's choices. When individual choices have negative consequences on other people (what economists call negative externalities), as it happens with tobacco smoking and harmful alcohol use, for instance, these may lead to some social costs not being fully reflected in the private costs and benefits to individual consumers. Also, the risks associated with poor nutrition often materialize only in a long timeframe. People may discount these risks heavily because they appear so distant, and this may prevent them from making choices in their own best interest now.

The evidence available today on the factors that may prevent people from making nutrition choices that maximize their welfare, which would support a case for government intervention, is not as strong as in other areas of public health, and this may affect the commitment of countries to support legally binding mandates like those a convention would entail. For instance, the evidence suggests that negative externalities due to increased health care expenditures for diet-related diseases, collectively funded through insurance or tax-based systems are unlikely to be large enough to require specific government intervention. A more important source of negative externalities is associated with the spread of obesity within families and social networks (which can be turned into positive externalities through behaviour change programmes involving family members and peers), but their size is far from that of the externalities involved in tobacco smoking or harmful alcohol use. Information failures are unlikely to play a major role in the current rise of obesity (e.g. Brunello et al. 2008), but there is a clear role for governments in ensuring an adequate provision of information, especially to vulnerable groups, such as children and those in disadvantaged socioeconomic circumstances. Poor self-control in food consumption (linked with constant procrastination of behaviour change), as well as a biased perception of risk, make obesity more likely, but the scope for governments to address these failures is unclear.

A further argument is that negotiating a convention involves a complex political process, over a prolonged period of time, with an uncertain outcome. The search for a compromise would almost inevitably water down the contents of the convention and its ability to meaningfully change the policy environment. On food policy, the minimum common denominator that may convince a reason-

able number of countries to sign a treaty would most likely be very low. And if the bar is kept higher, and fewer countries remain on board, the risk that efforts would be wasted, and conflicts would be polarized, would be very high indeed.

The recent Second International Conference on Nutrition (ICN2) and its organizers have to be commended for having placed obesity and noncommunicable diseases, for the first time, in a prominent position on the nutrition policy agenda. Reconciling different nutrition issues in the same agenda, despite the great efforts made, was a tough act. Negotiations on a global convention on food and nutrition would be inevitably dominated by the same tensions, and most countries would side with one perspective, with a likely majority electing food security as their greater priority, taking an international view of the problem. Would a focus on productivity-enhancing innovation, trade policies and the like, in negotiations on a global convention, help the cause of improving the quality of diets and nutrition, and addressing obesity and NCDs? To some extent, maybe, but this does not seem to be the core focus of the proposed convention.

The risk that a convention, or even just a debate on a possible convention, would become a straw man, justifying or concealing further inaction, is too large. If the benefits of a global convention are those discussed in Olivier De Schutter's well-argued commentary, i.e. accountability, participation and multisectoral action, we must ask ourselves if the same goals could not be pursued by other means, equally or more effectively, and without the risks involved in using a complex and politically sensitive legal instrument.

References

- Brunello G, Michaud PC and Sanz-de-Galdeano A (2008) *The Rise in Obesity Across the Atlantic: An Economic Perspective*. IZA Discussion Paper No. 3529, Bonn.
- Deaton A (2006) The Great Escape: A Review of Robert Fogel's *The Escape from Hunger and Premature Death, 1700-2100*. *Journal of Economic Literature*, XLIV, pp. 106–114.
- Hawkes C and Sassi F (2015) *Improving the quality of nutrition*. In: McDaid D, Sassi F and Merkur S (eds.). *Promoting health, preventing disease: The economic case*. Maidenhead: Open University Press (forthcoming).
- OECD (2012) *Obesity Update*. Paris: OECD Publishing.
- OECD (2014) *Obesity Update*. Paris: OECD Publishing.
- Sassi F (2010). *Obesity and the economics of prevention: Fit not fat*. Paris: OECD Publishing.

UNSCN Nutrition and Noncommunicable Diseases eGroup (NutNCD)



Noncommunicable diseases (NCDs) and nutrition are closely linked; underweight, overweight and obesity are having a direct impact on the global rise in NCDs. While undernutrition kills in early life, it can also lead to increased risk of NCDs and death later in life.

The Nutrition and NCDs eGroup is a [virtual space](#) dedicated to sharing ideas, knowledge and experience on how to make nutrition considerations more central to NCD action on the ground. Of special concern is the double burden of malnutrition in low- and middle-income countries. We hope this e-discussion forum can contribute to building programming and policy development capacities of various groups of stakeholders in these countries and globally.

The objectives of the Nutrition & NCDs discussion are:

- to raise awareness on the importance of nutrition for combating noncommunicable diseases (NCDs);
- to call for action to scale up nutrition and jointly tackle undernutrition and obesity and diet-related chronic diseases in low- and middle-income countries; and
- to contribute to building programming and policy development capacities of various groups of stakeholders globally.

The NutNCD eGroup presents you the opportunity to engage in online discussions, share knowledge and experiences by participating in active ongoing dialogues in the global fight against NCDs.

To join the NutNCD eGroup, click [here](#).



PROGRAMME NEWS

International Panel of Experts on Sustainable Food Systems (IPES-Food)

A new transdisciplinary initiative focused on the political economy of food systems

The International Panel of Experts on Sustainable Food Systems (IPES-Food) is a new transdisciplinary initiative to inform the policy debate on how to reform food systems across the world. The Panel is co-chaired by Olivier De Schutter, former UN Special Rapporteur on the right to food, and Olivia Yambi, nutritionist and former UNICEF representative to Kenya. Its contributions will be unique for four reasons.

Firstly, IPES-Food will take a holistic food systems approach that considers problems such as undernutrition, obesity, insecure rural livelihoods and environmental degradation as the component parts of bigger systemic problems, with common leverage points.

Secondly, the panel will apply and advance a broad definition of sustainability that includes three key requirements – ecological integrity, social equity and long-term public health outcomes – in line with the definition of sustainable diets agreed in 2010 at the International Scientific Symposium on Biodiversity and Sustainable Diets.

Thirdly, the analytical lens used by IPES-Food will be attuned to the political economy of food systems. This means identifying the self-reinforcing loops within food systems that allow dominant actors to translate economic power into political power, and focusing on how different components of food systems (e.g. productivist approaches and trade liberalization) have co-evolved so as to become mutually reinforcing. Power imbalances and the ensuing impacts on decision-making should not merely be seen as inconvenient obstacles to robust economic modelling of food systems. Rather, analysis of these power relations and lock-ins will take centre stage in the analysis undertaken by IPES-Food.

Fourthly, the panel will engage in transdisciplinary research

that engages systematically with actors, ideas and framings from outside the traditional bounds of the scientific community. As we seek to understand the complex social-ecological systems surrounding food and sustainability, scientists have realized the need to work in close collaboration with social actors, and to rely on the specific kinds of knowledge that such actors embody. These emerging transdisciplinary practices will be advanced by IPES-Food. The commitment to breaking down the siloes between disciplines, policy areas and around knowledge itself is reflected in the composition of the panel, which includes environmental scientists, development economists, nutritionists, agronomists and sociologists, as well as experienced practitioners from civil society and social movements.

To achieve its aims, and particularly its transdisciplinary aspirations, IPES-Food will rely on contributions and collaborations from all of those engaged with food systems reform.

More information on the initiative and its upcoming work programme can be found at www.ipes-food.org.



Committee on World Food Security (CFS)

The Committee on World Food Security (CFS) is the most inclusive international and intergovernmental platform working towards food security and nutrition for all. The Committee reports annually to the UN General Assembly through the Economic and Social Council of the United Nations (ECOSOC).

CFS holds an annual plenary session which informs, debates and recommends actions to be taken by CFS stakeholders on food security and nutrition issues. At the next annual session, CFS 42, taking place on 12 – 15 October 2015 at FAO headquarters in Rome, nutrition is strongly featured on the agenda. Following the Second International Conference on Nutrition (ICN2), CFS has started a more intense discussion on its role in advancing nutrition, which will continue in plenary. Nutrition also features in discussions designed to strengthen linkages between CFS and other food security and nutrition fora. There will be a discussion on regional efforts to enhance regional food supply systems and processes to improve nutrition and another on national approaches and experiences to improve nutrition.

In May, negotiations being are held on the Framework for Ac-

tion for Food Security and Nutrition in Protracted Crises (CFS-FFA), with the aim of endorsing the Framework at the plenary in October. On 25 June, CFS is holding a High-Level Forum on Connecting Smallholders to Markets which will also touch on nutrition issues. The Open Ended Working Group on the CFS Programme of Work is aiming to reach consensus on the programme of work for CFS in 2016 and 2017. Various nutrition-related topics are on the table for consideration.

Find out more about CFS and their current work at the [CFS website](#).

For more information about how the CFS is working to advance nutrition, visit the [UNSCN website](#).



United Nations Children's Fund (UNICEF)

Integrated Infant and Young Child Feeding (IYCF) Counselling Course

UNICEF and WHO are developing an updated version of the Integrated IYCF Counselling Course for health workers. The new version will be in line with the latest technical guidance and incorporates improved adult learning techniques which encourage more learner participation. The new version of the course will also include the use of the counselling cards which are currently in use for community-based IYCF counselling. For information, please contact: iycn@unicef.org.

Global Breastfeeding Advocacy Initiative

UNICEF and WHO, along with a range of other partners, have formed a global advocacy initiative to increase political commitment to and investment for breastfeeding as the cornerstone of child nutrition, health and development.

The vision of the advocacy initiative is a world where all mothers and families are empowered, enabled and supported to optimally breastfeed their children, and where early initiation, exclusive breastfeeding for the first 6 months of life and continued breastfeeding for up to 2 years or beyond, together with appropriate, adequate and safe complementary foods, become the social norm that helps children survive and develop to their full potential.

Its mission is to galvanize political, financial and social support to scale up breastfeeding programmes and to encourage adoption of supportive legal instruments and policies at the global, regional and country levels within the broader development, humanitarian and human rights agendas.

An advocacy strategy has been finalized. The three strategic goals of the advocacy initiative are to:

- 1) foster leadership and alliances and effectively integrate and communicate breastfeeding messages;
- 2) mobilize resources and promote accountability; and
- 3) build knowledge and evidence to enhance breastfeeding policies, programmes, financing and communication.

Achieving these goals will encompass a number of activities in the next 2–3 years, including greater visibility for breastfeeding messaging and partner engagement in global days and events, outreach to related networks such as those working on maternal, neonatal and child health, water, hygiene and sanitation and early childhood development, building champions with global appeal and using media/social media for greater visibility of breastfeeding messages and success stories, using evidence to inform messaging and resource mobilization and a coordinated advocacy and communication push during key events. For more information, contact: itaqi@unicef.org.

International Food Policy Research Institute (IFPRI)

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN)

To support successful policy dialogue, inform appropriate policy choices and effective programme action in an inclusive manner in India, the International Food Policy Research Institute (IFPRI) coordinates a four-year initiative (2011–2015) called POSHAN (Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India), funded by the Bill & Melinda Gates Foundation. The initiative aims to reduce the evidence gap in nutrition in India by supporting a process of synthesizing, generating, and mobilizing nutrition evidence of diverse types to support decisions. POSHAN's goal is to bring up-to-date evidence on nutrition to decision-makers and stakeholders to facilitate evidence-informed decision-making on maternal and child nutrition in India.

To **synthesize existing knowledge**, POSHAN:

- conducts programme and policy reviews at the national level and in selected states;
- compiles and features global and national research findings in a bi-monthly Abstract Digest and a newsletter;
- supports the public launch of significant global and national research such as the Lancet Series on Maternal and Child Nutrition (in 2013), and the Global Nutrition Report (in 2015);
- develops primers and data profiles on nutrition for nutrition stakeholders.

To **generate knowledge**, POSHAN conducts studies under key thematic areas identified in our inception research as being most relevant to ensuring effective nutrition actions in India.

These include:

- [working across sectors](#), where POSHAN conducted evidence reviews and secondary data analyses;
- implementing nutrition-specific interventions at scale, where POSHAN conducted [evidence reviews of policies and programmes](#), examined the role of intersectoral convergence between two nationally-funded programmes and their implications for service coverage, and assessed the national and subnational costs needed to deliver nutrition-specific and nutrition-sensitive interventions outlined in India's policy frameworks; and
- generating data on nutritional status, where POSHAN is working to strengthen the dialogue around the availability and use of data to track nutrition status.

To **mobilize knowledge**, POSHAN partners in India to:

- bring together diverse stakeholders at the district, state, and national levels to facilitate dialogue, learnings, and consensus building to advance the nutrition agenda;
- strengthen and link existing nutrition networking groups and online portals and systems to promote better knowledge sharing in nutrition;
- engage with the media to report on nutrition-related issues and new findings.

In sum, POSHAN's actions aim to fill gaps in evidence and knowledge and to support diverse decision-makers at national and subnational levels in making evidence-informed decisions about tackling undernutrition in India.

For more information, please visit www.poshan.ifpri.info.

Field Exchange, a publication by ENN

Field Exchange is a tri-annual ENN publication that features field articles, research and news that detail experiences of nutrition-related programme and learning, from experienced technical staff working in acute and chronic emergencies, and high burden contexts.

Issue 48 has a special focus on the nutrition response to the Syria crisis. The latest, Issue 49, covers a range of programme types and research areas, for example intersectoral programming and rapid assessment of older people. All content is available and searchable at www.ennonline.net/fex.

Issue 50 is due in July, and Issue 51 at the end of the year will focus on nutrition-sensitive programming (submissions welcome, for more details on scope and process, visit <http://www.ennonline.net/enlatest>).

For more information, contact Marie McGrath, co-editor, at marie@ennonline.net. Available in English, you can subscribe for free online at www.ennonline.net/subscribe/fex.



Leveraging Agriculture for Nutrition in South Asia (LANSA)

LANSA stakeholders inform research priorities

Over the last year, Leveraging Agriculture for Nutrition in South Asia (LANSA) met with influential stakeholders to identify priorities for LANSA's [Enabling Environments research theme](#). The consultations were facilitated by BRAC, Bangladesh; Collective for Social Science Research, Pakistan; and MS Swaminathan Research Foundation (MSSRF) in India. Ideas generated by stakeholders informed the research criteria for LANSA's first Call for Proposals. Four winning research bids announced in November 2014 are:

- [Leveraging fruit and vegetable supply policies to tackle the dual problem of malnutrition in India and Bangladesh](#); Public Health Foundation of India.
- [Identifying nutrition-sensitive interventions to improve maternal diet quality in rural Indian settings using value chain analysis](#); University of Southampton, UK.
- [India's food security entitlements: implications for agriculture and nutrition](#); School of International Development – UEA, UK.
- [FAN Innovation Systems and Institutions: Enabling Alternative Policy Frameworks for Food, Agriculture and Nutrition](#); OKAPI, India.

Updates about these research projects will be posted on LANSA's website.

Latest published research from LANSA

New study explains reductions in stunting in Bangladesh

Explaining the rapid reduction of undernutrition in Bangladesh is an [IFPRI / LANSA Discussion Paper](#), and featured on page 43 of [Global Nutrition Report](#). Policy brief drawing out policy recommendations is available on [LANSA's website](#).

Evidence review of links between agriculture and nutrition in India

The paper *Agriculture and nutrition in India: mapping evidence*

to pathways is published in [Annals of the New York Academy of Sciences](#).

Convergence of nutrition in agricultural systems of innovation

Why systems of innovation are critical for adoption of nutrition-sensitive agriculture is explained in a [LANSA Working Paper](#) with Pakistan examples, and featured in a [blog post](#) here.

Farming System for Nutrition in India

MSSRF's new farming model to promote improved nutrition outcomes among vulnerable farming communities is featured in the paper *Operationalizing the concept of farming system for nutrition through the promotion of nutrition-sensitive agriculture*, published in [Current Science](#).

Links between agricultural prosperity and child nutrition

This [paper](#) explores possible links between agricultural prosperity and rural child nutrition in India at the macro level.

Papers coming soon

A paper looking at synergies and trade-offs between agricultural growth and nutrition, women's work and care will be published as LANSA working paper soon.

In a few months, initial research outputs from Bangladesh, India and Pakistan will provide evidence on potential of market-based (value chain) interventions to enhance consumption of nutrient-dense foods by low-income, undernourished populations. An e-dialogue was organized to facilitate discussion amongst key actors on the issue. A policy brief entitled [Markets for Nutrition](#) was produced as a result.

LANSA and FAO's FSNForum have opened up a discussion online on [Innovations in Agriculture to improve Nutrition. Share your success stories](#). This is open till June 5 with [Alan Dangour](#) - LANSA's Pillar 3 lead facilitating.

Views and opinions from this discussion will define priorities for the LANSA Research Call in July 2015.

Who is LANSA?



The consortium is led by MS Swaminathan Research Foundation, and members include BRAC, Collective for Social Science Research, Institute of Development Studies, International Food Policy Research Institute and Leverhulme Centre for Integrative Research on Agriculture and Health. LANSA is funded by UK's Department for International Development.

For more information, and to have access to the studies, visit www.lansasouthasia.org. Follow us on Twitter [@LANSAresearch](#)

Transform Nutrition



News

Transform Nutrition is a consortium of international research partners, led by IFPRI and funded by the UK Department of International Development. Using research-based evidence we aim to inspire effective action to address undernutrition.

Transform Nutrition research in the first 2 years has included a number of foundational and original pieces of work within our three research pillars. Under Pillar 1 (nutrition-specific interventions), we have undertaken evidence reviews of approaches to scaling up nutrition and on private sector engagement in nutrition (with a focus on public-private partnerships). Under Pillar 2 (nutrition-sensitive interventions), we have scoped the state of social protection interventions and nutrition in our focal countries, and reviewed the evidence on the [links between women's empowerment and nutrition](#), and on approaches to empowering women. Under Pillar 3, (an enabling environment for nutrition) we have complemented the high profile state-of-the-evidence review on the [key features of an enabling environment for undernutrition reduction](#) (published in the Lancet Nutrition Series in 2013), with a further published journal article elaborating on this topic. Original research on how to assess, monitor and strengthen nutrition leadership, capacity (through formal public health nutrition education in South Asia) and accountability and responsiveness (through using mobile technology for nutrition surveillance) has also been published.

Transform Nutrition joined forces in October 2014 with the

Agriculture for Nutrition and Health programme of the CGIAR to release [a call for "ideas notes"](#) on a range of themes for four countries in eastern Africa: Ethiopia, Kenya, Tanzania and Uganda.

Events

Together for Nutrition 2014: More than 200 researchers, government officials, funders and nongovernmental organizations met in New Delhi in October 2014 at the POSHAN/ Transform Nutrition [Together for Nutrition 2014 conference](#). The goal was to learn how to improve nutrition in India by coordinating to deliver nutrition impact by working across sectors.

India short course: 44 participants attended a short course on [Transforming Nutrition in India: Ideas, Policies and Outcomes](#) held in November 2014 in India, jointly organized by Centre for Chronic Disease Control (CCDC), Public Health Foundation of India (PHFI) and Transform Nutrition.

Latest published research from Transform Nutrition

[Why Worry About the Politics of Childhood Undernutrition?](#)

[Postgraduate education in nutrition in south Asia: a huge mismatch between investments and needs](#)

[Nurturing public health nutrition education in India](#)

[Measuring the commitment to reduce hunger: A hunger reduction commitment index](#)

[Agricultural production and children's diets: Evidence from rural Ethiopia](#)

News, studies and publications are available at <http://www.transformnutrition.org/> where you can also sign up to the quarterly e-newsletter.

Nutrition Exchange, a publication by ENN

Nutrition Exchange is an annual ENN publication that contains short, easy-to-read articles on nutrition programme experiences and learning, from countries with a high burden of malnutrition and those that are prone to crisis.

Issue 6 has just been released, visit www.ennonline.net to download now!

We are now accepting articles for our next issue. Please contact Valerie (valerie@ennonline.net) or Carmel at

(carmel@ennonline.net) for details.

Nutrition Exchange is free of charge and translated into French and Arabic, subscribe for soft or hard copies here (<http://www.ennonline.net/subscribe/nex>)



World Obesity Federation

Call for a binding treaty to protect and promote healthy diets

The world is facing a nutrition crisis, with both under- and over-nutrition responsible for a large proportion of premature death and disease. The number of obese adults now exceeds the number of undernourished adults and obesity is a major risk factor for noncommunicable diseases. Traditional and healthy food supplies are increasingly undermined by unregulated markets, which allow large corporations to enter countries and promote ultraprocessed food products high in fat, sugar and salt and make them widely available, accessible and affordable. This undermines the market for more nutritious and local foods, putting small-scale suppliers' livelihoods and population health at serious risk.

Responding to these issues, in May 2014 the World Obesity Federation and Consumers International launched a set of [Recommendations towards a global convention to protect and promote healthy diets](#), modelled on the principles of the FCTC, which has proven highly successful in tobacco control. This proposal calls for governments to adopt a binding treaty which mandates action across key food policy areas so as to improve diets and secure good population health. This includes control-

ling the availability, affordability and promotion of food, developing national food-based guidelines, ensuring equitable access to food and appropriate food marketing, implementing adequate nutrition education programmes, among others.

An [open letter](#) was sent to Margaret Chan, Director-General of WHO, and Jose Graziano da Silva, Director-General of FAO, ahead of ICN2, which was supported by over 300 civil society organizations and individuals from around the world.

World Obesity and Consumers International are now [calling on governments](#) to :

- 1) Mandate WHO to develop a framework convention for the protection and promotion of healthy diets through a process protected from conflicts of interest.
- 2) Implement legislation which helps consumers to make healthier choices and binds food suppliers to conform to standards based on national food-based dietary guidelines in their promotion and marketing of food products.

For further information please contact Hannah Brinsden, Policy and Advocacy Researcher, hbrinsden@worldobesity.org.

HarvestPlus

CSDietary

HarvestPlus is developing a dietary data entry and management software called CSDietary. It allows users to enter 24-hour recall data using different household measures, and then combines that information with food composition, recipe, conversion, and nutrient retention data to compute daily nutrient intakes of individuals in real time.

Biofortification Priority Index

HarvestPlus launched a tool to guide strategic decision-making on investing in biofortified crops. The [Biofortification Priority Index \(BPI\)](#) ranks countries according to the potential impact of introducing biofortified crops to fight micronutrient deficiencies, focusing on three key micronutrients (vitamin A, iron, and zinc). BPI also indicates which biofortified crops can provide the most impact in a particular country. An [infographic](#) on availability of biofortified crops has also been published.

Second Global Conference on Biofortification

Global policy-makers meeting in [Kigali for the Second Global Conference on Biofortification](#) in April 2014 committed to making biofortified foods more widely available to millions of people around the world. More than 300 leaders in agriculture, food, nutrition, and health identified gaps and challenges, and

proposed solutions to increasing access to more nutritious foods. The Kigali Declaration on Biofortified Nutritious Foods reflects the priorities of participants to tackle hunger and malnutrition through a nutrition-sensitive agricultural lens. The full conference report is available [online](#).

HarvestPlus – World Vision Partnership

HarvestPlus and World Vision signed an agreement to improve access to biofortified crops for millions of people around the world. Since the partnership was formed in January 2014, 19 of World Visions' National Offices have incorporated biofortification as a component of their programming and/or are exploring how to integrate it into their work.

Education through Entertainment

Nigeria's top movie directors, in partnership with HarvestPlus, made [four movies](#) on the benefits of vitamin A cassava. With more than 75% of Nigerians watching Nollywood productions, the movies can spread messages on the importance of adequate amounts of vitamin A in the diet, widely. In Rwanda, the country's top musicians are promoting iron-rich beans through a catchy new song and [music video](#).

For more information, contact harvestplus@cgiar.org.

Food and Agriculture Organization of the United Nations (FAO)

Building professional capacity in nutrition education in Africa: FAO ENACT project

Promoting healthy and sustainable diets for everyone is a major aim of FAO. People need access to adequate food and must be empowered to make healthy food choices. Nutrition education is key to ensuring that the general public acquires the knowledge and skills to practise healthy eating.

Nutrition education and dietary promotion strategies are now increasingly recognized as an essential component in training for nutrition professionals and those working in related fields. However, training for effective nutrition education is almost non-existent.

Background to ENACT

In 2010–2011 FAO conducted an assessment of professional training in nutrition education in Africa, which highlighted the need for capacity development in this field. In 2012, FAO started the [ENACT \(Education for Effective Nutrition in Action\)](#) project, with the goal to develop, pre-test and disseminate a basic undergraduate course in nutrition education.

ENACT in a nutshell

ENACT is an 11-week course on how to carry out effective nutrition education, specifically designed as an undergraduate module that can fit into university curricula. The course was developed in collaboration with partner universities in Africa. It has been successfully piloted by over 100 students in seven countries, with 14 tutors trained on delivering the course. The face-to-face version of the course was revised following extensive piloting feedback and will be available for free, online and on CD ROM, to interested institutions as of July 2015. The course will now be piloted in francophone Africa, and an online version is underway. The initiative is funded by the German Federal Ministry of Food and Agriculture (BMEL).

Factors contributing to the evident popularity of ENACT

- *Timely:* there is heightened interest in capacity building, with nutrition education being increasingly recognized as an essential component in nutrition training.
- *Bottom-up approach:* active participation and engagement of piloting students
- *Tailor-made:* ENACT is tailored to address identified needs in nutrition education training, and applies the best practices of professional training in nutrition education.
- *Course approach:* e.g. emphasis on experience and practice; a large element of independent learning; highly interactive



Tanzanian ENACT student interviewing a mother, as part of an outside activity. Photo credits: ©FAO.

follow-up tutorials; emphasis on exploring local needs and activities.

- *Dedicated tutors* fully experienced in delivering ENACT.

ENACT: future plans

- Two training of trainers workshops planned this year, one for west Africa and the other for southern and east Africa, and use of the online course piloting process to promote ENACT.
- Exploration of the possibility of adapting ENACT for other regions, following expressions of interest from Asian and Latin American countries.
- Possible adaptation of ENACT for in-service training of extension workers, and at MSc level, including for medical and nursing students.
- Promotion of online version of the course to academic and training institutions, development agencies and nongovernmental organizations worldwide for training staff or building capacity in developing countries.

ENACT partners: University of Botswana; Hawassa University, Ethiopia; University of Ghana; Kenyatta University, Kenya; Michael Okpara University, Nigeria; Sokoine University, Tanzania; Makerere University, Uganda.

For further information, please contact:

ellen.muehlhoff@fao.org

International Food Policy Research Institute (IFPRI)

Poverty, Health and Nutrition Division

IFPRI's Poverty, Health and Nutrition Division has works on building the evidence base on nutrition-sensitive programmes and policies. Our research focuses on understanding what works, where, why, how and at what cost. Our current portfolio includes the evaluation of a broad range of nutrition-sensitive programmes in social protection, agriculture, health and education, and explores the synergies between these sectors. Gender is central in this research, and several projects identify innovative ways to empower women to maximize impacts.

We recently concluded a study (funded by USAID/OFDA and CGIAR A4NH) assessing the impact of a nutrition- and gender-sensitive agricultural programme implemented by Helen Keller International in Burkina Faso and showed impacts not only on children's outcomes (anaemia, Hb, wasting and diarrhoea), but also on mothers' dietary diversity, weight gain, and empowerment. In Burundi, preliminary results of our evaluation of a USAID food-assisted maternal and child health and nutrition programme implemented by Catholic Relief Services and partners shows impact on both maternal and child Hb and anaemia; our analysis suggests that these impacts are due to a combination of factors including consumption of the donated corn-soy blend, increased use of bednets, and reduced morbidity in chil-

dren (funded by USAID through FANTA/FHI 360, and CGIAR A4NH). A third study which compared different modalities of social transfers provided by the World Food Programme in Bangladesh – cash, food, cash + food, cash + nutrition behavior change communications (BCC) – showed a statistically significant reduction in child stunting only among the group exposed to the BCC intervention (funded by BMZ, SDC, USAID and DFID). The findings highlight the importance of integrating high-quality BCC in social transfers to enhance their nutrition sensitivity and impacts.

Preliminary findings from these three studies confirm that carefully-designed and well-implemented nutrition-sensitive agriculture or social protection programmes can bear significant benefits. Given the critical importance of women's nutrition, health, and empowerment for their well-being and that of their families, investing in gender- and nutrition-sensitive programmes is highly justified and should be part of the global strategy to improve nutrition at scale. Rigorous evaluations such as those reported here will help generate the key information needed to strengthen the design, implementation, and scale-up of successful nutrition-sensitive programmes.

For more information, visit the [PHND website](#).

International Atomic Energy Agency (IAEA)

IAEA's contribution to the post-2015 agenda

Adequate nutrition is a fundamental cornerstone of development. The burden of malnutrition hinders the advancement of individuals, communities and countries, and a concerted effort is needed to combat malnutrition in all its forms as many countries experience multiple burdens of malnutrition. The Nutritional and Health-Related Environmental Studies section of the IAEA complements the efforts of other UN agencies, nongovernmental organizations and government institutions by supporting the use of nuclear techniques to improve the specificity and sensitivity of nutritional evaluations such as the assessment of body composition, total daily energy expenditure, intake of human milk in breastfed infants, vitamin A status, and bioavailability of micronutrients from foods. Therefore, these techniques can contribute to a better understanding of the underlying causes of malnutrition and add value as objective tools to the monitoring and impact evaluation of nutrition interventions in the areas of maternal, newborn and child nutrition, and obesity and noncommunicable diseases. The information helps nutrition policy-makers decide what interventions will be most effective to reduce malnutrition.

The IAEA also contributes to capacity building to tackle malnu-

trition, mainly through supporting national and regional nutrition projects via the Technical Cooperation Programme and through Coordinated Research Projects. Guidelines for the application of techniques to assess body composition, total daily energy expenditure, breastfeeding practices, vitamin A body pool size and iron bioavailability are available through the Human Health Campus, the [IAEA's resource centre for nutritionists and health professionals](#).

Currently, the IAEA is revising its e-learning modules to make them more interactive to enhance the self-directed learning experience and provide the potential to improve efficiency in education and expand educational opportunities. The modules use different media formats. The first revised interactive eLearning module on assessing breastfeeding patterns was released recently and is available [here](#). Six more modules will be available by the end of 2015.

For more information: Christine Slater (c.slater@iaea.org) or Cornelia Loechl (c.loechl@iaea.org), Nutritional and Health-Related Studies Section, IAEA.

CGIAR Research Programme on Agriculture for Nutrition and Health (A4NH)

The CGIAR Research Programme (CRP) on Agriculture for Nutrition and Health (A4NH) is built on the idea that agriculture has untapped potential to improve nutrition and health. A4NH supports research on how agriculture can contribute to healthy diets, for consumers and producers. In addition to leveraging agriculture to increase the consumption of nutritious foods, A4NH investigates how participating in agricultural value chains affects people's health and nutrition. Gender-based differences in responsibilities and rights are critical to take into account when analysing the impact of agriculture on nutrition.

Looking through a gendered lens reveals how working in agriculture carries different opportunities and risks for men and women. A4NH research has explored how participating in agriculture can [increase women's assets](#), control over income, and [decision-making](#), ultimately [empowering women](#) to make decisions that improve family health and nutrition. A4NH is studying how working in agriculture can also carry risks, reducing women's available time for childcare and feeding, increasing maternal energy burden, or increasing exposure to pathogens. Although gender influences all of the pathways from agriculture to nutrition, important evidence gaps remain.

A4NH is actively working to build capacity to advance the state of knowledge on gender and nutrition in agricultural research. In 2013, A4NH organized the [first Gender-Nutrition Methods](#)

[Workshop](#), which convened over 40 researchers and practitioners from across CGIAR and partner institutions. To continue sharing new ideas and resources, A4NH launched the [Gender-Nutrition Idea Exchange blog](#) to feature monthly reflections from experts on their research in gender and nutrition. In 2014, A4NH held a [second Gender-Nutrition Methods Workshop](#) focused on how women's decision-making and control over income can lead to improved nutrition outcomes. Participants acquired new skills and practice applying tools. Workshop resources are available [here](#).

While A4NH continues to facilitate a community of practice on gender, future plans include integrating nutrition into the [Women's Empowerment in Agriculture Index](#) and applying the index to specific project case studies. The goal is to produce tools for different types of agricultural value chains that can guide practitioners and researchers on gender and nutrition. Though gender norms and barriers to nutrition vary according to context, improving our understanding of how they relate to one another is critical to maximize the potential of agriculture, and minimize its risk of harm for nutrition and health.

For more information, please visit www.a4nh.cgiar.org or contact Hazel Malapit, A4NH Gender Research Coordinator, at h.malapit@cgiar.org.

National Council for Food and Nutrition Security (CONSEA), Brazil

The 5th National Conference on Food and Nutrition Security

"Real food, from farm to city: for rights and food sovereignty" – this is the theme of the 5th National Conference on Food and Nutrition Security in Brazil, taking place 3–6 November 2015 in Brasília, the country's capital city. Over 2000 delegates, invited speakers and observers from Brazil and abroad are expected for the event. The meeting takes place at a historical moment, with Brazil being, for the first time, out of the Hunger Map of the Food and Agriculture Organization of the United Nations (FAO). At the same time, half of the Brazilian population is now overweight, costing over US\$160 million per year for the National Health System.

The 5th Conference will take the double burden of malnutrition into account. The main objective of the conference is to expand and strengthen political commitment for the promotion of food sovereignty and to safeguard the human right to adequate food for all, ensuring social participation and intersectoral management in programmes and actions within the National Food and Nutrition Security Policy. This national conference is preceded by conferences at state and municipal levels. Among the participants, one third will be representatives of local, state and fed-

eral governments, while two thirds will be the representatives of civil society organizations.

Participants will include delegates from urban and rural movements, consumer protection organizations, indigenous peoples and traditional community representatives, and smallholder farmer organizations, among others.

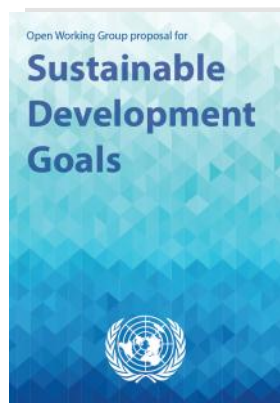
The results of the conference provide the basis of the national food and nutrition security policy agenda for the next 4 years, and feed into the development of national action plans and programmes.

For more information, visit the [conference website](#) or contact 5conferencia@presidencia.gov.br.





PUBLICATIONS

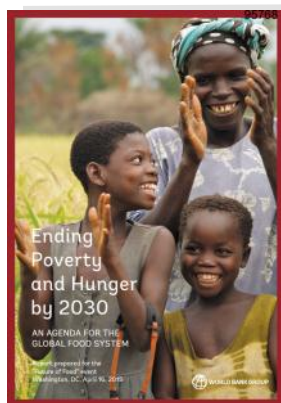


Open Working Group proposal for Sustainable Development Goals

Open Working Group of the General Assembly on Sustainable Development Goals

The outcome document of the United Nations Conference on Sustainable Development, entitled *The future we want*, set out a mandate to establish an open working group to develop a set of sustainable development goals for consideration and appropriate action by the General Assembly at its sixty-eighth session. It also provided the basis for their conceptualization. As a result, the Open Working Group published a proposal of Sustainable Development Goals (SDGs), which are contained in this publication. The proposal includes 17 SDGs and 169 targets, and will be put forward for endorsement at the UN General Assembly in September 2015.

The SDGs proposal can be downloaded [online](#).



Ending Poverty and Hunger by 2030: an Agenda for the Global Food System

World Bank

This report argues that, with 800 million people going to bed hungry every night, countries combatting hunger must build better food systems that raise agricultural productivity in rural areas, invest in improving nutritional outcomes for young children and pregnant women, and boost climate-smart agriculture that can withstand a warmer planet. In particular, the report focuses on three areas that can have the greatest impact: climate-smart agriculture, improving nutrition, and strengthening value across food chains and improving market access.

The report can be downloaded [here](#).

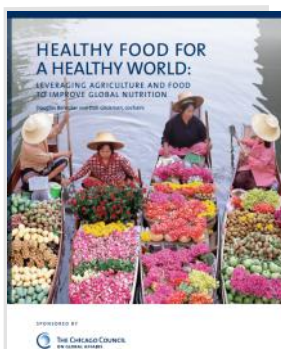


Social and Solidarity Economy: a New Path to Sustainable Development

United Nations Research Institute for Social Development (UNRISD)

Social and Solidarity Economy (SSE) is an approach to development that addresses the structural causes of poverty and unsustainable development associated with market-centred growth strategies and skewed power relations. It encompasses a broad and diverse range of organizations and enterprises that have explicit social and often environmental objectives. This brief highlights how SSE approaches can enrich debates on a new development paradigm beyond 2015.

Download the brief [here](#).

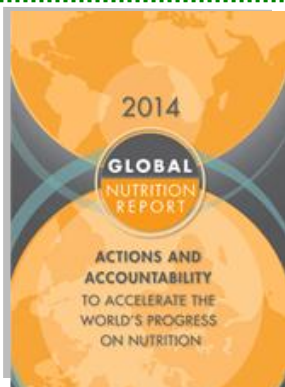


Healthy Food for a Healthy World: Leveraging Agriculture and Food to Improve Global Nutrition

Chicago Council on Global Affairs

This report was released at the Global Food Security Symposium 2015 and calls on the United States of America to use the power of the agriculture and food sector to reduce the reality and risks of malnutrition globally. It recommends that, among other things: the US Congress commit to a long-term global food and nutrition strategy focused on agricultural development; and that the US government, in partnership with universities and research institutes, increase funding for nutrition research to expand access to nutrient-rich foods and address malnutrition.

Download the full report [here](#).



Global Nutrition Report 2014

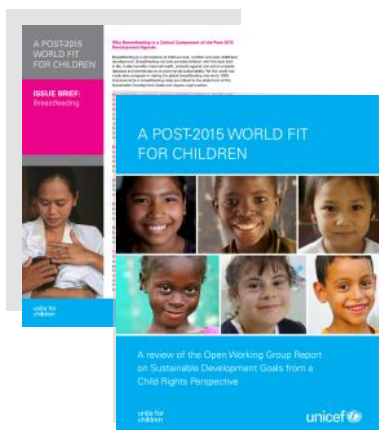
International Food Policy Research Institute (IFPRI)

As an outcome of the 2013 Nutrition for Growth Summit, the first annual Global Nutrition Report was launched in November 2014. The report is delivered by an Independent Expert Group of nearly 20 individuals including nutritionists, economists, epidemiologists, global health and development experts, academics and researchers from various UN agencies, universities, national governments, and nongovernmental organizations across the globe. At a strategic level, the report is guided by a Stakeholder Group that represents donor agencies, civil society, UN organizations and business. With contributions from over 60 authors, the blind external review of the Global Nutrition Report 2014 was managed by The Lancet.

The report focuses on the entire spectrum of malnutrition, convening existing nutrition data and processes, highlighting progress in improving nutrition status, outlining areas for action, and contributing to stronger accountability for nutrition. It provides a new perspective on the prevalence of malnutrition, on efforts to reduce it, and on the capacities and data needed to drive such efforts.

The report is accompanied by two-page country profiles for all 193 UN Member States. These profiles contain data on over 80 indicators covering economics and demography, child anthropometry, adolescent and adult nutrition status, intervention coverage, child feeding practices, underlying determinants (food, education, gender, water, sanitation and government expenditure), as well as financial resources and policy, legislation and institutional arrangements.

The publication, two-page country profiles and a host of additional technical information, news and opinions are available [here](#).



A Post-2015 World Fit for Children

UNICEF

UNICEF has produced a series of documents relating to the post-2015 agenda. The future agenda and its related goals, targets, and indicators will represent the collective vision of the future we want. The fundamental building block for achieving that future is an investment in the rights of all children – regardless of the child's gender, ethnicity, race, economic, disability or other status. The resources present the case to ensure that children are centrally featured in the new global development agenda.

Post-2015 briefs have been developed on [maternal and child nutrition](#) and [breastfeeding](#). Other key resources are available [here](#).



Biofortification Progress Briefs

HarvestPlus

HarvestPlus has released a set of briefs on progress to date in biofortification. These briefs present: the status of crop development; evidence on nutrition, consumer acceptance, and cost-effectiveness; and, crop delivery experiences. Readers interested in learning more about these topics can follow the references to journal articles and working papers that underpin many of the briefs.

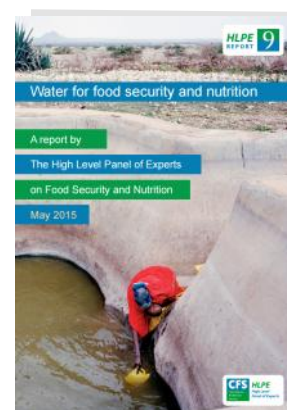
The Biofortification Progress Briefs are available for free download [online](#).

Water for Food Security and Nutrition

High Level Panel of Experts on Food Security and Nutrition, CFS

This report explores the relations between water and food security and nutrition, from household level to global level. It investigates these multiple linkages, in a context of competing demands, rising scarcities, and climate change. It explores ways for improved water management in agriculture and food systems, as well as ways for improved governance of water, for better food security and nutrition for all, now and in the future. The report is deliberately oriented towards action, and provides examples and options to be implemented by the many stakeholders and sectors involved, given regional and local specificities. Among actions to be implemented, the report recommends: designing integrated policy approaches to enable proper prioritization for food and nutrition security; putting the most vulnerable and marginalized on top of concerns for policy and action; promoting a rights-based approach to water for food and nutrition security; and improving water management in agriculture, both rainfed and irrigated, and agricultural management to deal with water scarcity.

The report can be downloaded [online](#).



A Hundred Key Questions for the Post-2015 Development Agenda

United Nations Research Institute for Social Development (UNRISD)

This paper presents the results of a consultative and participatory exercise that addresses the need to articulate and better align the research interests and priorities of academics and practitioners working on international development in a post-2015 international development framework. The exercise was organized around a two-stage consultation and shortlisting process. A four-months open consultation was conducted, offering development stakeholders and individuals the opportunity to submit their questions. People were invited to submit questions related to some of the thematic priorities that guided the “World We Want” campaign—a global stakeholder consultation conducted by the UN between 2010 and 2014 involving governments, civil society and lay citizens. The final 100 questions address a varied combination of long-standing problems that have hindered the development agenda for decades, as well as new challenges emerging from broader socioeconomic, political and environmental changes.

The publication is available for download [here](#).

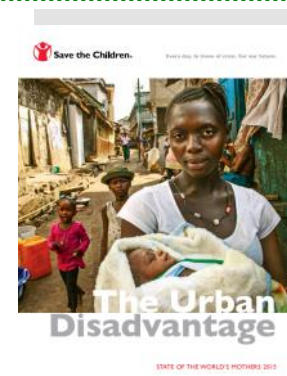


The Urban Disadvantage: State of the World's Mothers 2015

Save the Children

This report presents the latest and most extensive analysis to date of health disparities between rich and poor in cities. It finds that in most developing countries, the poorest urban children are at least twice as likely to die as the richest urban children. In some countries, they are three to five, or even more, times as likely to die. The annual mothers' index uses the latest data on women's health, children's health, educational attainment, economic well-being and female political participation to rank 179 countries and show where mothers and children fare best and where they face the greatest hardships.

The publication is available for download [here](#).



The Role of Biomass in the Sustainable Development Goals:

A Reality Check and Governance Implications

Alexander Müller et al.

This paper argues for strengthened sustainable governance of biomass, and recommends governments to take action to identify and assess existing safeguards and human rights regulations (e.g. responsibility to protect) or frameworks (e.g. right to food) that might apply to the ecological and governance implications of biomass production and consumption, and to establish whether they might be strengthened, and/or informed by indicators.

The paper can be downloaded [online](#).



Improving Nutrition through Agriculture

International Fund for Agricultural Development (IFAD)

Good nutrition is not just an outcome of economic growth and social development, but an essential input as well. Investing in nutrition through agriculture is more than a social good. It is sound development policy and good economics. In this publication, IFAD explores how nutrition can be improved through agriculture, exploring the role of women and smallholder farmers, and how to make agriculture more nutrition-sensitive.

The paper is available for download online in [English](#), [Arabic](#), [French](#) and [Spanish](#).

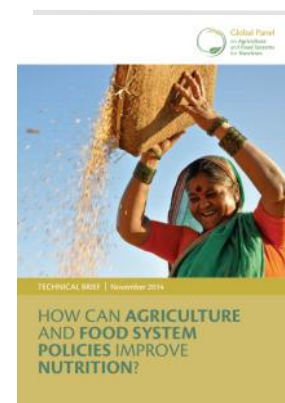


How can Agriculture and Food System Policies improve Nutrition?

Global Panel on Agriculture and Food Systems for Nutrition

The Global Panel's [Technical Brief](#) shows the breadth of policies relating to agriculture and food systems that influence nutritional outcomes for people and the opportunities to make these more nutrition-enhancing. The paper explores how policies on agricultural production, markets and trade systems, consumer purchasing power, food transformation and consumer demand can influence nutrition, positively and negatively. It argues for an integrated approach, drawing on policies from across these domains, and the need for more empirical evidence to identify successful approaches.

The technical brief is accompanied by a [summary brief](#) and an [animated video](#).

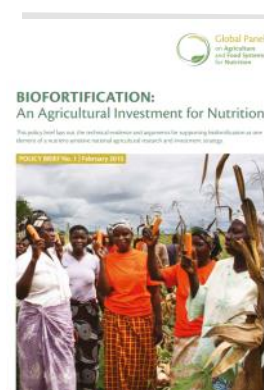


Biofortification: an Agricultural Investment for Nutrition

Global Panel on Agriculture and Food Systems for Nutrition

This policy brief urges policy-makers to adopt biofortification as one element of a nutrient-sensitive national agricultural research and investment strategy. Biofortification offers a way to reach poor consumers who have difficulty in accessing micronutrient-rich diets, food supplements or conventionally fortified processed foods. The brief also emphasizes that biofortification should not be looked at in isolation. Policy makers should not see it as an alternative to other nutrition-enhancing interventions, but consider it as one component of a suite of complementary strategies to reduce micronutrient deficiencies.

The policy brief can be downloaded [here](#).



Terra e Cibo (Land and Food)

Pontifical Council for Justice and Peace, Dicastery of the Holy See

This new publication addresses the renewed interest in the threefold issue of land, agriculture and hunger. The reflections are articulated in three big sections: 1) review and analysis of structural and short-term causes of the problems, including several political and economic measures undermining the access to food, the threats to food safety and healthy nutrition, the deterioration of production conditions; 2) presentation of guiding principles for the identification and realization of solutions, the principles are rooted in the Social teaching of the Catholic Church and the Popes, among them the principles of the universal destination of natural resources and of the common good of the human family; 3) proposal of cultural references, deepening the concepts of family farming or responsible investment and actions for improving the situation, e.g. promoting human rights as rooted in human dignity and the respective duties, encouraging research, educating investors, politicians and entrepreneurs.

The book (150 pages in the Italian version) will be soon available in English, French and Spanish.

For additional information contact pcjustpax@justpeace.va ; for ordering copies contact commerciale@lev.va.



BULLETIN BOARD

ANNOUNCEMENTS

WHO Sugars Intake for Adults and Children

A new WHO guideline recommends adults and children to reduce their daily intake of free sugars to less than 10% of their total energy intake. A further reduction to below 5% or roughly 25 grams (6 teaspoons) per day would provide additional health benefits.

To read the sugars guidelines, click [here](#). Also available in [Arabic](#), [Chinese](#), [French](#), [Russian](#), and [Spanish](#).

New HLPE Report on Water for Food Security and Nutrition

On 15 May 2015, the CFS HLPE ninth Report, on Water for Food Security and Nutrition, was launched. The publication provides recommendations to help policy-makers and actors around nutrition, food security, agriculture, water and all concerned sectors worldwide to overcome the challenge of strained water supplies.

To download the report, click [here](#). A [summary](#) is also available.

WHO launches tool to help countries reduce marketing of foods with too much fat, sugar and salt to children

The World Health Organization Regional Office for Europe (WHO EURO) has recently launched a nutrient profile model tool intended to support Member States when developing and implementing policies to restrict food marketing to children.

To view the WHO EURO Nutrient Profile Model, click [here](#).

The Power of Nutrition Fund

This recently launched independent fund is backed by leading organizations from private philanthropy and international development, aiming to unlock US\$1 billion to tackle child undernutrition in some of the world's poorest countries.

Read more about the fund on their [website](#).

Independent Comprehensive Evaluation of the Scaling Up Nutrition (SUN) Movement

In mid-2014, the SUN Movement Lead Group commissioned an independent comprehensive evaluation of the SUN Movement to assess the value it adds to efforts to scale up nutrition. Evaluation results were published in a final report in May 2015, and can be downloaded [here](#).

Second WHO Global Status Report on NCDs

The report was launched in Geneva in January 2015, and calls for more action to be taken to curb the chronic disease epidemic, particularly in low- and middle-income countries, where deaths due to noncommunicable diseases (NCDs) are overtaking those from infectious diseases.

To read the report, click [here](#).

Meetings, Conferences and Training Courses

EAT Food Forum

1–2 June 2015

Stockholm, Sweden

www.eatforum.org

37th European Society for Clinical Nutrition and Metabolism Congress

ESPEN 2015

5–8 September 2015

Lisbon, Portugal

www.espen.org/lisbon

13th International Postgraduate Course on the Production and Use of Food Composition Data in Nutrition

4–16 October 2015

Wageningen, the Netherlands

www.unscn.org/en/announcements/training/

12th European Nutrition Conference

FENS 2015

20–23 October 2015

Berlin, Germany

www.fensberlin2015.org

SLAN 2015

Congress of the Federation of Latin American Nutrition Societies

8–12 November 2015

Punta Cana, Dominican Republic

www.slan2015.com

Vacancies

Keep updated about the latest food and nutrition vacancies through the

[UNSCN website](#)

Follow us on [Twitter!](#)

SCN Email Update

Receive news and updates by email! Ask us to add you to our contact list, at scn@who.int or register [here](#)

UNITED NATIONS SYSTEM

STANDING COMMITTEE ON NUTRITION

The United Nations System Standing Committee on Nutrition (UNSCN) is the food and nutrition policy harmonization forum of the United Nations. Its vision is a world free from hunger and malnutrition, where there are no longer impediments to human development.

Created in 1977 as the [ACC Subcommittee on Nutrition](#), at that time the UNSCN was accountable to the Administrative Committee on Coordination of the UN (ACC). As a result of the UN Reform of the ACC (which was renamed as the Chief Executives Board CEB), the Subcommittee continued its functions as the United Nations System Standing Committee on Nutrition (UNSCN).

The mandate of the UNSCN is to promote cooperation among UN agencies and partner organizations in support of community, national, regional, and international efforts to end malnutrition in all of its forms in this generation.

In this way, the UNSCN is not another agency, but a UN platform and an extended network where UN agencies come together to exchange information, harmonize and reconcile their strategies, policies and guidelines, agree on common action and approaches and take joint initiative in global nutrition issues, while engaging with other key nutrition stakeholders. By leveraging the normative expertise and operational strengths of different UN agencies engaged in nutrition, it aims to ensure that the system-wide response is indeed greater than the sum of the individual efforts.

The UNSCN also works towards providing consolidated expertise in nutrition to existing Member State entities such as the Committee on World Food Security (CFS), the World Health Assembly (WHA), among others.

The current [UNSCN's Chair](#) is Ramiro Lopes da Silva (Assistant Executive Director of WFP), who is the eleventh Chair of the UNSCN. A Technical Group (TG) consisting of the nutrition leads of the five UN agencies with a key mandate in nutrition (IFAD, FAO, WFP, WHO and UNICEF), the UNSCN Executive Secretary and the UN Network for SUN Global Coordinator, provides technical advice and guidance.

The [UNSCN Secretariat](#) is hosted by WHO in Geneva and core funded by the UN agencies. As part of its advocacy and communication efforts, the UNSCN Secretariat produces and disseminates a series of knowledge products, reaching nutrition practitioners, programme managers and development workers around the world, including this *SCN News*, available for download online at www.unscn.org/en/publications/scn_news/.

The development and printing of this edition of the *SCN News* was made possible thanks to the support of the Government of the Federal Republic of Germany.

UNSCN

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