Good nutrition is the bedrock upon which to build healthy lives, strong and resilient livelihoods, and thriving economies. In its absence, their construction takes place on quicksand. Stunted children fail to grow and develop properly, with impairment to brains and immune systems being particular problems. Malnourished women of childbearing age do not have enough iron in their blood to feed their muscles. Many adults carry so much excess weight they put their heart and lungs under extreme stress and may suffer from diabetes, hypertension, and heart disease. Malnutrition leads to 11 percent of gross national product being squandered as a result of lives lost, less learning in school, less earning in the workplace, and days lost to illness. And malnourished mothers are more likely to give birth to malnourished newborns, perpetuating the intergenerational transmission of poverty. Malnutrition corrodes the body, the economy, and the future. Ambitions for sustainable development are likely to be thwarted by its presence.

At the 2013 Nutrition for Growth Summit in London, 96 signatories (governments, civil society organizations, donors, United Nations’ agencies, and businesses) agreed to support the creation of an annual report on global nutrition that would be authored by an independent expert group, in partnership with a large number of contributors. The first edition of this report, the Global Nutrition Report 2014, puts a spotlight on worldwide progress by the 193 member countries of the United Nations in improving their nutrition status, identifies bottlenecks to change, highlights opportunities for action, and contributes to strengthened nutrition accountability on country and global levels.

PROGRESS IN NUTRITION

Malnutrition is truly a global challenge. For example, the authors found that for the 122 countries in the world with comparable data, all except two countries experience at least one of three common forms of malnutrition: under-5 stunting, anemia among women of reproductive age
(WRA), or adult overweight. Moreover, most countries experience multiple forms of malnutrition. For example, Figure 1 shows that 24 of the 122 countries have all three forms of malnutrition, while 18 have only one.

Reflecting this global challenge, in 2012 the World Health Assembly (WHA) agreed on a set of six indicators and global targets to hold the world accountable for reducing malnutrition. Currently, the world is not on course to meet these targets. While there has been some progress in reducing under-5 stunting rates, current projections show it is not enough to meet the global target. At present, these global targets can be applied at the country level for four of the six indicators (under 5-stunting, under-5 wasting, under-5 overweight, and WRA anemia) to assess how many countries would be on course to contribute to the WHA global targets. Of the 193 UN member countries, 99 have data to allow this assessment to be made for all four indicators. Sixty-eight countries are on course to contribute to at least one WHA global target, while 31 are not on course for any.

On an indicator by indicator basis, Figure 2 shows that 22 of 109 countries with data on under-5 stunting are on course to meet the stunting reduction target; 59 of 123 countries with data on under-5 wasting are on course to meet the wasting reduction target; and 31 of 107 countries with data on under-5 overweight are on course to meet the under-5 overweight reduction target. Only 5 of 185 countries with data on WRA anemia are on course to meet the WRA anemia reduction target. There is no regional pattern to whether countries are on or off course.

COMMITMENTS TO NUTRITION

The authors reported progress made against the commitments made by the signatories of the Nutrition for Growth Compact in London in 2013. Over 90 percent of the 96 signatories reported on their progress. Where it was possible to assess progress towards meeting the commitments, the vast majority of countries, civil society organizations, businesses, United Nations’ agencies, and donors were assessed by the authors as “on course.”

More generally, the authors tracked a number of financial and non-financial commitments to nutrition.

At the country level it remains difficult to track public financial flows to nutrition programs. The challenge can be resolved, as Guatemala has shown, by clarifying and agreeing on definitions, aligning data collection and reporting, and incentivizing stakeholders in the system to follow through. Funding from international partners is increasing: between 2010 and 2012, disbursements by the main nutrition donors to nutrition programs increased from US$1.26 billion to US$1.52 billion, an increase of 20 percent. This is a substantial increase but is small in relation to overall official development assistance spending, at just over 1 percent.

A key manifestation of commitment is the documented existence of nutrition programs serving those people who need them. The authors found that of 12 key nutrition specific interventions, national coverage data is available for many countries for only 3 (Vitamin A supplementation, zinc treatment for diarrhea, and universal salt iodization). Given the lack of progress on under-5 wasting rates, the lack of coverage data for Moderate and Severe Acute malnutrition (MAM and SAM) is a major concern.

Investments in nutrition-sensitive programs and approaches that address the underlying determinants of malnutrition can be an important component of a portfolio of actions to improve nutrition status. The authors present data on government expenditures for key sectors: agriculture, education, health, and social protection. Expenditure levels vary between regions and within regions, with different governments making different expenditure choices on these sectors; for instance, social protection spending is increasing rapidly in many African and Asian countries, which should be seen as a major opportunity to scale up nutrition-sensitive actions.

RECOMMENDED ACTIONS

We need golden alliances for reducing malnutrition—there are no silver bullets. Many of the ingredients for improving nutrition status across the 193 countries are known, but how they are prepared, combined, and sequenced will be determined by the needs, capacities, and political opportunities within a given country. The authors summarize case studies from Bangladesh, Brazil, Ethiopia, India, and the United States that show how determined action by a wide range of stakeholders on a number of fronts over a sustained period can generate substantial improvements in nutrition status at the national level.

The benefits from investing in human infrastructure (nutrition) are highly competitive with those from investing in hard infrastructure. The rewards from sustained action on nutrition go far beyond nutrition indicators. The authors’ benefit-cost ratio estimates for scaling up nutrition interventions in 40 countries show that for every dollar, rupee, birr, or peso invested, at the median, more than 16 will be returned. In addition, the benefit-cost ratios are highly competitive with, if not higher than, investments in roads and irrigation. The benefit streams are derived largely from improved productivity; for example, healthy children are better able to learn and are more likely to enter the labor force as young adults. If the demographic
The transition in Africa and Asia is to be a dividend and not a liability, the time to invest in nutrition is now.

Scaling up nutrition interventions requires scaling up capacity. The authors show that data on the coverage of nutrition interventions are sparse, reflecting, in part, low coverage, period. Increased coverage is constrained by financial resources, as well as by human and organizational resource constraints and competition from other sectors. The case study from the Indian state of Maharashtra concludes that filling vacancies in frontline nutrition staff was very important to the state’s rapid decline in stunting from 36 percent to 24 percent in six years. Without increasing the number of nutrition workers, however, nutrition interventions cannot be scaled up. If impact is to be scaled up as well, then the quality of the programs has to be maintained. Maintaining quality involves motivating workers, equipping clinics, and ensuring regular upkeep of buildings. These investments compete for resources. Assessing the current expenditure levels on nutrition in relation to health overall will help make the case for an expansion in the share allocated to reducing what is responsible for nearly half of under-5 deaths: malnutrition.

The share of nutrition-sensitive investments in agriculture, social protection, water, sanitation and hygiene, education, and women’s empowerment programs needs to expand. The success of these sectors is important for nutrition improvement but they could do much more for nutrition while furthering their own goals. From the available evidence, the authors suggest that nutrition-sensitive expenditures are currently a small percentage of expenditures in these sectors. Partly this is because nutrition allies in the different sectors may not know what to do to make their nutrition programs more nutrition sensitive or why it is in their interests to do so. The authors summarize available knowledge to guide nutrition champions and their potential allies to work together to further nutrition and sectoral goals.

Accountability in nutrition needs to be strengthened. Accountability in nutrition tends to be weak, in part because of the particular features of malnutrition. The reliance on coordinated actions across sectors, none of which has nutrition as its primary goal, makes it easy to avoid taking responsibility for nutrition. The long-term and sometimes invisible consequences of malnutrition weaken scrutiny in the media and within electoral cycles. For nutrition, accountability has to be deliberately strengthened in the following areas:

- At the global level, a new set of Sustainable Development Goals (SDGs) for 2030 is being developed, but currently nutrition is featured explicitly in only one of 169 targets. More nutrition indicators need to be embedded throughout the SDGs framework, and the nutrition community needs to intensify its engagement with the SDGs process to ensure that more challenging SDGs targets are set. The basis for setting more ambitious targets include the high degree of country variation in nutrition progress; new country success stories; new and preliminary data from India (with nearly...
40 percent of the world’s undernutrition) showing much faster improvement in WHA indicators than currently assumed; and new projections on the potential contribution that improvements in agriculture, water and sanitation, and education and gender equity can make to accelerating declines in stunting rates.

- At the national level, laws, policies, and charters represent an accountability infrastructure for all nutrition stakeholders. They can make it easier to fortify foods and to provide guidance on diabetes treatment and make it harder to advertise unhealthy foods to children and to violate the code of behavior on the marketing of breast milk substitutes. Even if ignored by the organizations they are intended to incentivize, they make civil society’s compliance monitoring efforts harder to ignore. Governments often invest in activities that support others to hold them to account. For example, the authors describe the self-evaluation process that Scaling Up Nutrition (SUN) member governments use to assess their progress towards greater coordination on nutrition planning, monitoring, and evaluation. Social change comes about as a result of campaigning for new and stronger laws, policies, and charters and is often ushered in by citizens working together to persuade those in power to act. Change in nutrition is no different. The authors highlight civil-society-based examples from around the world that are being used to uphold commitments made on controlling obesity—for example, the International Network for Food and Obesity/non-communicable Diseases Research, Monitoring and Action Support (INFORMAS) in New Zealand and the East African Non-communicable Disease Alliance—and undernutrition—for example, the SUN Civil Society Networks.

- Good quality data are the bread and butter of accountability. Throughout, the authors identify data gaps that need to be filled. For example only 60 percent of the 193 member countries of the United Nations have the data to assess whether they are on or off course to meet global WHA targets applied at the national level. Supporting all countries to report on WHA indicators is a priority. The authors conclude that data gaps on capacity to scale up, nutrition program costs, and financial resource tracking are holding back the scale-up and context-specific blending of different types of interventions to improve nutrition status. Much of the prioritization of data gaps needs to be undertaken at the national level, driven by nutrition plans and strategies.

WE CAN IMPROVE NUTRITION MORE RAPIDLY THAN NOW

Stronger Accountability Is the Key

Almost all countries suffer from high levels of malnutrition. Low-income countries do not have a monopoly on malnutrition problems and high-income countries do not have a monopoly on nutrition solutions. The authors conclude that countries should pursue a common cause and exploit opportunities to learn from each other. A failure to intensify action and find solutions will cast a long shadow, bequeathing a painful legacy to the next generation. This generation of stakeholders has the opportunity—and the ability—to banish that shadow. To do so it must act strategically and effectively, in alliances and at scale, and then be held to account.

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