



CHAPTER 19

New Horizons

Nutrition in the 21st Century

STUART GILLESPIE, JUDITH HODGE, RAJUL PANDYA-LORCH, JESSICA WHITE, AND
SIVAN YOSEF

BY WEAVING STORIES together with analysis and description in this book, we have sought to convey the variety of experiences in tackling malnutrition in different contexts throughout the past five decades. This narrative approach is intended to help the reader translate an experience into his or her own context, showing many examples of *what* can be done and *how* success can be achieved. Our aim is not only to inform action, but to inspire.

We focus on change. Success stories emerge in their own time and place, but they do not always endure, especially if the context changes (one well-documented example of this is Tanzania's Iringa project; see Chapter 2). So while it may be difficult to duplicate individual successes, it may be easier to replicate principles and processes—ranging from how malnutrition is conceptualized and measured, to analytical approaches to unraveling its key drivers, to approaches to developing and implementing an appropriate mix of responses. In this short conclusion we highlight some of the key lessons from earlier chapters.

The opening chapter showed how an “either-or” mentality tended to prevail within the nutrition community through the mid- to late 20th century: vigorous debates revolved around whether nutrition was a food issue or a health issue, whether it was within the purview of the Ministry of Agriculture or of Health, and whether it was about macronutrients or micronutrients. This either-or thinking spilled over into discussions of appropriate responses: Which sector should take the lead? Is a top-down or bottom-up approach preferred? What is the appropriate role for the private sector? Major divides split clinical scientists, who had a more medical and curative orientation, from structuralists, who were more holistic and systems-oriented in their analyses and focused more on preventing the problem than on “curing” it. This split was also reflected in the divide between humanitarian nutritionists and developmental nutritionists, who at times appeared to inhabit parallel universes. There were even debates over the rationale for dealing with malnutrition. Utilitarians highlighted the economic benefits of a well-nourished population,

citing cost-benefit and cost-effectiveness analyses. Human rights advocates emphasized entitlements, duties, and accountability.

As the new millennium dawned, a more enlightened view of the potential relevance of all of this thinking started to emerge, with the importance of any one response being in large part determined by context. The 1990 UNICEF conceptual framework paved the way for a better understanding among a wide range of stakeholders of their respective roles in multilevel and multisectoral responses to malnutrition. The framework did so by starting not with any one sector, but with the malnourished child, showing how the key drivers of malnutrition emerged and exerted their influence at different levels. Malnutrition began to be understood as a multilevel and multisectoral problem that required engagement by a range of stakeholders.

The three sections of this book mirror the *Lancet* framework shown in Chapter 1 (itself an evolution of the UNICEF framework that includes benefits and interventions), highlighting the three core levels of response to malnutrition. At the level of individuals, malnutrition is caused by inadequate dietary intake, often interacting with disease and poor care. Nutrition-specific interventions—including those aimed at improving infant and young child feeding, addressing micronutrient deficiencies, and managing acute malnutrition (topics addressed in Chapters 3–5)—can make inroads at this level, if well targeted and well implemented. But they cannot solve the problem by themselves, as the roots lie deeper. At the underlying level, corresponding to households and communities, we see the importance of transforming sectoral actions—for example, within agriculture, social protection, and water, sanitation, and hygiene (Chapters 6–8)—to make them more nutrition-sensitive. And at the base of the framework lie country-level enabling environments, in which political commitment, governance, policy,

legal frameworks, capacity, and financing are all key (Chapters 10–17).

Many responses to malnutrition depend on community action. Chapter 2, on community nutrition programs, highlights the pivotal importance of a “good process”—driven by active participation, local ownership, and empowerment—in developing and implementing programs. The development of community-based management of acute malnutrition (Chapter 5) enabled local volunteers to detect severe acute malnutrition early. There are many other examples of proactive community action benefiting nutrition, such as community-led total sanitation in Mali (Chapter 8) and community health volunteers’ work to expand access to supplementation, family planning, and care for pregnant women and newborns in Nepal (Chapter 13).

In addition, many of the experiences highlighted in this book illustrate the importance of multisectoral approaches and in a sense validate the three-tiered *Lancet* framework. The social protection chapter (Chapter 7), for example, highlights the efforts of Mexico’s PROGRESA/Oportunidades/Prospera program to raise families’ incomes, address household food security, create opportunities for maternal and child care and education, and improve child feeding practices. The agriculture chapter (Chapter 6) discusses interventions that combine homestead food production and animal husbandry with behavior-change communication focused on infant and young child feeding, with a strong emphasis on the role of women. But the message of multisectorality may come across most clearly when discussing achievements at the country level. Ethiopia’s nutrition story (Chapter 16) is associated with progress on agricultural growth, sanitation, and social protection. In Thailand (Chapter 10), nutrition was explicitly recognized by complementary sectors such as health, agriculture, education, and rural development

and woven into micro- and macro-level planning to alleviate poverty. Brazil's nutrition strategy (Chapter 11) similarly hinged on delivering a multi-sectoral program that focused on income redistribution and pro-poor spending, alongside improving access to education, health, and sanitation. Indeed, pro-poor economic growth was recognized as a factor in several of the country experiences, such as in Thailand and Bangladesh, where improvements in household wealth made a large contribution to various nutrition outcomes (Chapters 10 and 12).

What also becomes clear is that the levels of response to malnutrition are linked vertically, such that nutrition-sensitive sectoral action has the potential to support the scale-up of nutrition-specific interventions, while both need to be underpinned by enabling environments. And these levels of response offer synergies. If attention is paid to all levels simultaneously, the whole—in terms of impact—is greater than the sum of its parts. Many success stories in the book illustrate this synergy: the Alive & Thrive program's achievements in improving breastfeeding and complementary feeding practices in Bangladesh, Ethiopia, and Vietnam, for example, show what can happen at a large scale when a range of actors—such as governments, NGOs, and CSOs—coalesce around common goals (see Chapter 3).

Within the past decade, there has been a coming of age as the global nutrition community has taken on board the political element of change. Political commitment is a fundamental ingredient of any enabling environment, and there are many reasons why malnutrition is political. But generating and sustaining political commitment can be challenging. The overall benefits of improving nutrition often take longer than a politician's time in office to fully manifest themselves and may thus get short shrift. Moreover, undernutrition may be largely “invisible” where it is most prevalent. Stunted children are often so commonplace that everyone from

a child's parents to a country's policy makers may see them as the norm (this “normalization” increasingly applies to child overweight and obesity as well). Unlike HIV, for example, undernutrition is not infectious. As ruling elites are thus not threatened by it, and its societal invisibility reduces its prominence as a development issue, it becomes easy to ignore. Nonetheless, huge gains in political commitment have been made in recent years, with the Scaling Up Nutrition (SUN) Movement on the frontline of such political change.

Even if the problem does succeed in capturing the attention of politicians and policymakers, the next challenge is to figure out what to do. As discussed, addressing malnutrition comprehensively and sustainably requires actions by several often unconnected sectors. The role of the private sector can lead to particular challenges. Asymmetries of power and of incentives between governments and multinationals require proactive government regulation of the private sector. Governments have had to take measures to protect breastfeeding, for example, as discussed in Chapter 3, and they have had to cope with junk food manufacturers' attempts to undermine policies designed to tackle obesity, highlighted in Chapter 9.

Commitment is important but actions speak louder than words. Commitment is relevant only when it leads to action that generates impact on the ground. This is the new frontier for nutrition. Commitment and knowledge of what works must lead to large-scale implementation of nutrition-relevant policies and programs. Translating commitment into action requires, among other things, accountability, data, and capacity. With regard to accountability, US\$23 billion of funding for nutrition (\$4 billion for nutrition-specific programming and \$19 billion for nutrition-sensitive programming) was pledged at the 2013 Nutrition for Growth Summit in London. How many of these pledges have been activated and operationalized?

This is one of the key tasks of the pioneering *Global Nutrition Report*: to shine a light on what happened next and whether governments are actually stepping up their investment in nutrition. Global and national accountability is key, but accountability is relevant at all levels and ultimately should be channeled downward to communities where nutritionally vulnerable populations reside. Peru's story (Chapter 14) illustrates this point well: its Child Malnutrition Initiative, a multistakeholder advocacy coalition, is widely credited with enlisting presidential candidates to pledge to improve nutrition and subsequently publicly monitoring these commitments.

Accountability cannot operate in a data vacuum. It is crucial that timely data on trends in different forms of malnutrition and on outcomes of actions and programs become available and accessible in the public domain. More data that are actionable at the subnational level are also needed. More and better evaluations are required—not just assessments of whether a program works but process evaluations that highlight impact pathways—to help understand why, how, and where programs work or don't work.

Finally, the time is ripe for a major long-term investment in strengthening capacity for nutrition. Capacity is needed at different levels—individual, community, organizational, and systemic—and for different purposes. In particular, within the new generation of nutrition professionals, we need individuals with stronger strategic and operational capacities to go along with their technical skillsets. And we need to strengthen the capacity of individuals in other sectors, to empower and motivate them to apply a nutrition lens in their work and to contribute to nutrition-relevant change through their programming and investments.

An example of transformational capacity is leadership. Leaders open doors, turn keys, and inspire others. Leaders in and for nutrition are not necessarily hierarchical; they tend to exhibit lateral leadership—the ability to successfully work across sectors, build collaborations and alliances, and communicate effectively. Nutrition champions and policy entrepreneurs are needed to catalyze social and political change and make development policy in general more nutrition-sensitive. The profiles of current leaders in nutrition (Chapter 18) show how champions may spring from many different quarters. We need to develop the next generation of nutrition leaders and to strengthen existing initiatives, including academies and curricula, that aim to build leadership capacity.

Not all experiences in this book are glowing success stories, and not all successes endured. This is the real world. Changes and challenges are constant. Possibly the greatest challenge is the rising problem of obesity—in fact more people are now overweight or obese than are undernourished. As Chapter 9 underlines, not a single country has shown a decline in overweight in recent years. Systems approaches are needed to change obesogenic environments into enabling environments, and there is a need to ensure that interventions to tackle undernutrition do not inadvertently contribute to obesity. As we have done here with undernutrition (and its longer history), the nutrition world will need to highlight more stories of change in obesity prevention and control in years to come, drawing on promising interventions such as Mexico's tax on sugar-sweetened beverages. As progress is made, new challenges and new frontiers emerge. This is why we called this book *Nourishing Millions*—it is an ongoing process.