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Synopsis

NOURISHING MILLIONS

Stories of Change in Nutrition

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In recent years, the world has seen unprecedented attention and political commitment to addressing malnutrition. Milestones such as the Scaling Up Nutrition (SUN) Movement, the *Lancet* Maternal and Child Nutrition Series, and the Second International Conference on Nutrition (ICN2) have marked the rapid rise of nutrition on the global policy and research agenda.

These developments reverse years of relative neglect for nutrition. Undernutrition is a global challenge with huge social and economic costs. It kills millions of young children annually, stunts growth, erodes child development, reduces the amount of schooling children attain, and increases the likelihood of their being poor as adults, if they survive. Stunting persists through a lifetime and beyond—underweight mothers are more likely to give birth to underweight children, perpetuating undernutrition across generations. Undernutrition reduces global gross domestic product by US\$1.4–\$2.1 trillion a year—the size of the total economy of Africa south of the Sahara.

As attention to nutrition increases, it has become clear that the international community needs guidance on how to design, implement, and evaluate policies and interventions that promote nutrition for the world's poorest and most vulnerable people. Stories on how to improve nutrition in real-world settings are especially needed. Research has shown that storytelling catalyzes change. Stories are memorable. They show connections between things and cut through complexity. And they can change perceptions and inspire people.

Nourishing Millions: Stories of Change in Nutrition brings together the most intriguing stories about improving nutrition from the past five decades. These stories provide insight into what works in nutrition, what does not, and what factors contribute to success.

The stories are diverse. Some highlight nutrition-specific programs and interventions that directly address malnutrition and target its immediate causes. Others relate to changes made in nutrition-sensitive sectors and disciplines, including health, agriculture, social protection, and water and sanitation, and their impact on nutrition. A third set of stories details national-level progress in nutrition from developing countries the world over with several in-depth analyses provided by Transform Nutrition, a global multi-partner research consortium led by the International Food Policy Research Institute (IFPRI). A final section explores how different forms of leadership in nutrition emerge and drive change, and shares the stories of 10 modern-day nutrition champions. The result is a unique look at historical and emerging nutrition successes and challenges around the world.



GATHERING THE STORIES

The *Nourishing Millions* project was launched in June 2015 with a global call for nominations for case studies and a review of scholarly and gray literature. The editors then applied the following criteria to the potential case studies:

- 1. Beneficiaries:** The program, project, policy, investment, intervention, or innovation (or set of actions) operated in at least one low-income or lower-middle-income country and benefited a vulnerable group or groups of people.
- 2. Date:** The intervention was implemented within the past 50 years.
- 3. Relevance:** The intervention or action engaged nutrition directly or indirectly through related sectors such as education, health, agriculture, water, and sanitation programs.
- 4. Importance:** The intervention addressed an important nutrition security problem or issue.
- 5. Scale:** The intervention operated at a significant scale, defined as national, regional, or provincial, or covering a substantial number of beneficiaries. Demonstration or pilot projects were not considered.

- 6. Nutrition-related outcomes:** The intervention had a documented impact on nutrition-related outcome indicators, such as child stunting; intake of calories, macronutrients, micronutrients, or specific foods; dietary diversity; women's status or empowerment; or nutrition-enhancing investments in related sectors.

Critical contributions were also provided by Transform Nutrition's "Stories of Change" initiative—a series of structured case studies that sought to understand the drivers of national-level successes in six developing countries. These country stories were added to the list of case studies for consideration. To address potential information gaps, and to generate a range of perspectives, 10 interviews were conducted with high-level experts who have been active in nutrition policy or programming for several decades.

Following a meeting of the project's Advisory Committee in September 2015, the editors finalized the list of chapters to include in the book. All chapters were written between November 2015 and March 2016 and were reviewed by the editors and, in most cases, by additional expert reviewers. All chapters underwent formal peer review by IFPRI's independent Publications Review Committee.

AN EVOLVING DISCIPLINE

Nourishing Millions begins with an overarching story of the evolution of nutrition during the past 50 years. In the mid- to late 20th century, an "either-or" mentality tended to prevail within the nutrition community: 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?

As the new millennium dawned, a more enlightened view emerged, in which the importance of context to the choice of responses was more widely appreciated. A 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 nutritional status

emerge and how they exert their influence at different levels. Malnutrition began to be understood as a multilevel and multisectoral problem that requires engagement by a range of stakeholders.

The three main sections of *Nourishing Millions* reflect 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—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—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 critical.

TRANSFORMING NUTRITION INTERVENTIONS

Nourishing Millions focuses first on nutrition-specific interventions and programs, which directly address malnutrition and target its immediate causes.

Whatever advances have been made in terms of technologies, interventions, and their delivery platforms in recent decades, it is households and communities that remain on the front line in combating malnutrition. Over the last half century, and particularly in the 1990s, there have been several significant attempts to initiate and implement community-driven nutrition programs (Chapter 2). This attention to community nutrition stemmed from experiments and experiences from the 1980s. Three experiences are considered particularly influential in shaping the design and evolution of community nutrition programming—the Iringa program in Tanzania, the Tamil Nadu Integrated Nutrition Project in southern India, and the Thai experience. These stories uncover factors that are integral to the success of community nutrition programming, including the context, the process leading to the development of the program, the choice of activities, and the process adopted to manage and implement the program.

In recent years, nutrition interventions have focused on the critical first 1,000 days of life (from conception to a child's second birthday), a period that has been identified as a window of opportunity for preventing child morbidity and mortality and ensuring adequate growth. If the nutritional needs of children within this age range are not met (and supported by adequate care and access to health services), the potential for interventions to promote catch-up growth later is much more limited. Improving infant and young child feeding (IYCF) (Chapter 3) is a key strategy for ensuring the survival and long-term development of young children. Substantial evidence has been collected on recommended feeding practices and barriers to appropriate feeding, as well as knowledge about interventions that have effectively promoted improved IYCF, including breastfeeding and complementary feeding. For the increasing number of countries now facing a double burden of malnutrition (undernutrition as well as overweight and obesity), optimal IYCF and early intervention are even more critical to ensure that investments are targeting children under two years of age to reduce their risk of becoming both stunted and obese.

Around the world, more than 2 billion people are thought to be affected by an often invisible form of

malnutrition: micronutrient malnutrition (Chapter 4), commonly known as hidden hunger. Many people in developing countries lack the means to grow or buy micronutrient-rich foods, such as animal-source foods (meat, fish, poultry, eggs, milk, and other dairy products) and fruits and vegetables. Instead, they rely on nutrient-poor staples, such as rice and maize. Their lack of dietary diversity is exacerbated by poor access to health-care and a high burden of disease. Strategies to combat micronutrient malnutrition generally focus on pregnant and lactating women, infants, and young children—those most at risk because they have a relatively greater need for micronutrients. Targeting these populations achieves higher rates of return by improving health, nutritional status, and cognition later in life. Three remarkable interventions in the world of micronutrients stand out: universal salt iodization in China, vitamin A programs, and the development of micronutrient powders or “Sprinkles.” All of these interventions have experienced varying degrees of success and hold important lessons for the future.

Severe acute malnutrition (SAM)—extremely low weight for one's height—is a life-threatening condition primarily affecting children under five years of age. Despite being one of the top three nutrition-related causes of death in young children, the problem was relatively neglected until the early 2000s, with few resources channeled toward large-scale treatment programs for children with SAM. Thankfully, dramatic improvements in identifying and rehabilitating children with SAM have been made in recent years—community-based management of acute malnutrition (CMAM) (Chapter 5) lies at the heart of this story, which details the birth of the CMAM approach and its growing popularity. By 2012, 95 percent of countries had national guidelines and protocols for acute malnutrition, with 60 countries implementing CMAM programs. The move from centralized, inpatient care for SAM to a community-based model is arguably one of the most important paradigm shifts in public health nutrition within the last decade.

TRANSFORMING SECTORAL ACTIONS

Looking beyond these nutrition-specific interventions, *Nourishing Millions* covers nutrition-sensitive programs and approaches, which address the underlying determinants of malnutrition. Nutrition sensitivity is not a new concept, but investment in developing, implementing, and evaluating nutrition-sensitive programs has intensified in recent years.

Few sectors have clearer links to nutrition than agriculture (Chapter 6). Most simply, agriculture is a source of food and livelihoods. Many poor households around the world grow food that they both consume and sell for income. Agriculture also employs the majority of the world's rural poor people, who can use the income they earn to purchase more nutritious and diverse foods or to invest in education, health, or water and sanitation—all of which are crucial for improving nutrition. Two promising stories are highlighted. The first is homestead food production—an approach that combines home gardens and animal husbandry with information to help people adopt better agricultural, health, nutrition, and hygiene practices, as well as with actions that give women more control over resources and decision making in their households. The second is biofortification, in which plant scientists breed micronutrients into the staple crops that poor people commonly eat. While these stories focus on big, scaled-up initiatives, they also illustrate the potential of agricultural interventions, both small and large, to address malnutrition in all its forms.

In the mid-1990s, governments and researchers from very different parts of the world, struggling to meet the needs of their poor populations through various poverty-reduction initiatives, wondered whether attaching conditions to those programs would make a difference. What if in exchange for receiving a food basket or a voucher, program beneficiaries were asked, for example, to bring their infants to the local health clinic for growth monitoring? Social protection (Chapter 7) has been around for millennia, in the form of food or cash transfers that can raise people's incomes and improve their diets. But this “conditional transfer” approach, which goes beyond welfare to address human development, was new. Two social protection interventions provide inspiring examples: PROGRESA (later known as Oportunidades and then Prospera) in Mexico and various initiatives in Bangladesh that have made measurable improvements in people's nutrition. These stories illustrate how social protection can be part of a multisectoral effort to address the key underlying determinants of malnutrition, and how it works most effectively when twinned with nutrition behavior-change communication.

More than 660 million people lack access to an improved water source, and 2.4 billion people lack access to improved sanitation. Growing awareness of the global challenge we face in improving water, sanitation, and hygiene, widely known as WASH (Chapter 8), has gained the problem a prominent place on global nutrition and health agendas. And an expanding body of research points to the great potential of WASH interventions to improve nutrition and health: improving water quality, for



example, can reduce the risk of diarrhea by 17 percent. Two recent experiences with WASH highlight these links: community-led total sanitation in Mali and an array of promising WASH interventions in Bangladesh. These cases offer a glimpse of the great potential of WASH interventions to change behaviors in target populations, and thus contribute to improvements in indicators of nutrition such as child growth.

Overweight and obesity prevalence has increased substantially in recent decades, affecting 2.1 billion people worldwide and causing 3.4 million deaths globally (Chapter 9). Currently, 42 million children are overweight or obese—reflecting a staggering 47 percent rise in prevalence between 1980 and 2013. No longer exclusive to affluent societies, obesity has reached alarmingly high levels in many low- and middle-income countries. In fact, the number of individuals who are overweight or obese is now more than double the 794 million people who do not get enough calories. No country to date has reversed its obesity epidemic; therefore few, if any, success stories exist, and none has succeeded on a large scale. However, pockets of progress, stemming mainly from the plateauing of childhood obesity levels in some cities and countries where prevalence was high, suggest success is possible. These promising interventions include targeted food taxes and subsidies, nutrition labeling, regulation of food nutritional quality and availability in schools, and mass media campaigns. This collection of nascent interventions

make the case that preventing obesity in poor countries is challenging but not impossible.

TRANSFORMING NATIONAL POLICY AND PROGRAMMING

In another set of stories, *Nourishing Millions* focuses on how change in nutrition plays out at the country level. These stories reveal how the different levels of policy and practice come together—in different contexts and at different times—to drive change.

Thailand (Chapter 10) reduced child undernutrition by more than half within one decade—an achievement recognized in the nutrition community and beyond as one of the best examples of a comprehensive national nutrition program that was well designed, implemented, and scaled. The country's gains in improving nutrition were driven in large part by strong political will, clear goals, effective strategic and program planning, sustained integrated action, and systematic monitoring. The success of these efforts was fueled by widespread mobilization of volunteers and community ownership. Nutrition was recognized as a fundamental element of development at all levels of society and by sectors ranging from health and agriculture to education and rural development. Ongoing monitoring increased community awareness about the importance of nutrition and fed back to policies and programs at district and national levels. This story explores these various facets of Thailand's nutrition programming in the 1970s and 1980s and also probes the country's newfound challenges—and commitment—to further reducing child undernutrition and addressing overweight and noncommunicable diseases.

Rapid advances in economic development and health-care in Brazil (Chapter 11) have contributed to significant improvements in child health and nutrition in recent decades. Brazil met Millennium Development Goal 1 (halving the proportion of people whose income is less than a dollar a day and halving the proportion of people who suffer from hunger) and Goal 4 (reducing by two-thirds the under-five mortality rate). Beyond these advances in reducing poverty and improving food and nutrition security throughout the country, Brazil has also been successful in reducing socioeconomic inequality in malnutrition. The story of Brazil's multisectoral approach to reducing poverty, inequality, and food insecurity details a strategy that targeted income redistribution and universal access to education, health, and sanitation services. It examines the key policies and programs associated with improvements in several nutrition-relevant domains: maternal schooling, family purchasing power, maternal and child healthcare,

and water supply and sanitation services. Brazil's significant reduction of both child stunting and geographic and socioeconomic inequality in malnutrition can serve as a powerful example for other countries in the region and around the world.

Remarkable improvements in welfare and human development indicators in Bangladesh (Chapter 12)—including a notable reduction in the poverty rate and the percentage of underweight and stunted children—have accompanied recent economic growth. Other countries may have experienced shorter, quicker reductions, but the Bangladesh story reflects one of the most rapid prolonged reductions in child underweight and stunting prevalence ever recorded. This story of nutrition change in Bangladesh draws on a decade of household-level data as well as primary research into nutrition-relevant policies and programs and nearly 300 life-history interviews that reflect community-level changes in the country. Much of the improvement in nutrition in Bangladesh in recent years is likely explained by nutrition-sensitive drivers within a wider enabling environment of pro-poor economic growth. To continue moving forward, the story calls for giving greater emphasis to nutrition-specific interventions in Bangladesh in order to match the country's impressive gains in income, health, lowered fertility, and sanitation.

Despite significant economic growth, many South Asian countries continue to have alarmingly high rates of undernutrition. For many years, this “Asian enigma” puzzled both researchers and policy makers. Nepal's recent experience presents another enigma (Chapter 13) in which a rapid reduction in maternal and child undernutrition coincided with a period of civil war and prolonged political and economic instability. From 1996 to 2011, the prevalence of stunting among children under two years of age fell from 48 to 27 percent, and the prevalence of maternal underweight decreased from 28 to 20 percent. Original research is used to explore the factors underlying Nepal's success in reducing maternal and child undernutrition. These factors include improvements in access to and use of health services, increased toilet coverage, wealth accumulation, and parental education, especially of mothers. Underlying these advances are important policy and programmatic changes, particularly in health, education, and WASH. One striking element of the story is the contribution of multiple actors to success, including different levels of government, multilateral and bilateral development agencies, a wide range of nongovernmental organizations, and communities themselves.

Peruvians have much to celebrate in regard to the rapid progress the country has made in reducing

undernutrition. In 2014, 15 percent of children under five years of age in Peru (Chapter 14) were stunted; less than a decade earlier, the prevalence had been twice as high (30 percent). How was this rapid progress achieved—not only at a national level, but across all of Peru’s diverse regions, and even among the poorest 20 percent of the population? Three factors likely underlie Peru’s successful fight against child undernutrition over the past decade. The first is multisectoral cooperation, with central roles played by civil society and national and regional levels of government, and the use of “sheltered conveners”—actors who can coordinate others without being impeded by institutional conflicts. The second is political will, underlined by a pledge to invest in and prioritize nutrition that has sustained momentum for the fight against malnutrition through multiple political administrations. And third is a prevailing commitment to accountability that extends from national-level politics to more mundane, day-to-day budgetary processes. The resulting narrative shows how far leadership from civil society and within government can carry nutrition.



Vietnam (Chapter 15) has made dramatic progress in improving nutrition over the past three decades. Following the introduction of Vietnam’s Doi Moi (“renovation”) economic policies in 1986, the country’s economic performance—and nutrition—began to improve rapidly. Major progress was made in reducing stunting rates among Vietnamese children under five, particularly in the mid-1990s, when stunting prevalence decreased from 50 to 34 percent. Significant changes were made in the health sector as part of the country’s economic reforms in this period. A range of nutrition and health policy initiatives introduced by the National Institute for Nutrition in the 1990s likely had an impact on child undernutrition too. Three achievements appear to have contributed to Vietnam’s impressive reduction in child stunting: prioritization of nutrition by the national government, policies designed to improve infant and child feeding practices, and efforts to reduce micronutrient

deficiencies. Vietnam’s story provides an excellent example of the rapid progress that can be made with a harmonized approach, key nutrition-sensitive legislation, and coordinated development-partner initiatives complemented by socioeconomic development.

Over the past 25 years, Ethiopia (Chapter 16) has made remarkable headway in addressing the country’s nutrition situation. Despite ongoing challenges, significant progress has been made toward meeting the Millennium Development Goals, including halving child mortality, doubling the number of people with access to clean water, and quadrupling primary school enrollment. Programs, strategies, and partnerships developed by the government during the past 10 years, including the National Health Extension Program, Community-Based Nutrition Program, wheat fortification and salt iodization programs, and the National Nutrition Program, have made major inroads. Despite the recent development of both nutrition-specific and nutrition-sensitive programs, policies, and frameworks, the most significant contributions to reductions in child stunting nationwide have arguably come from the nutrition-sensitive effects of growth in the agricultural sector, along with widespread improvements in sanitation. This cascade of interventions demonstrates commitment to nutrition and coherence around this commitment from the federal to the local level. Ethiopia’s story further illustrates the importance of nutrition-sensitive interventions for improving livelihoods and living conditions as well as setting the stage for more improvements in health, food security, and economic growth.

In 2005, undernutrition levels in Odisha, India (Chapter 17), were close to those of the state of Gujarat, which is far richer and better endowed. More recent data show that Odisha has also outpaced richer states with regard to stunting reduction and the provision of antenatal care and child immunization. A recent analysis of nutrition progress across states in India explicitly recognized Odisha as a leading state for nutrition-relevant social sector programs, including those targeting health, nutrition, and food security. This story identifies the policy and programmatic factors that enabled the changes in Odisha over time, drawing on diverse sources of data, including interviews with present and former officials and stakeholders involved in designing and implementing nutrition and child health policies and interventions. It paints a picture of Odisha as a state that, over time, steadily managed to chip away at system-level challenges to scale up, strengthen, and deliver a set of effective health and nutrition interventions. The key factors underlying its success include high-level political support for health and nutrition programs, fiscal and policy space to operate, and effective collaboration with committed development partners.

LEADERSHIP

Calls for strong leadership (Chapter 18) in the fight against global and national malnutrition have multiplied during the last decade. The role of nutrition champions in advocating for nutrition, formulating policies, and coordinating and implementing action in nutrition has increasingly been recognized in many developing countries. Global initiatives such as the SUN Movement and the African Nutrition Leadership Programme have invested in building up capacity for leadership among national governments, civil society, and the private sector. More widely, leadership within the field of public health has been highlighted as key to moving child or maternal health higher up on the global agenda. While evidence within the nutrition and public health arenas points time and again to the role of leadership in successfully crafting nutrition policies and movements, little was known, until recently, about the characteristics of leaders in nutrition: who they are, how they function, with whom they work, and what makes them effective. Various facets of leadership are explored through a review of the literature on leadership within nutrition and other disciplines, and interviews with 89 influential decision makers in four countries with high burdens of undernutrition (Bangladesh, Ethiopia, India, and Kenya). Finally, the personal stories of 10 nutrition champions, identified as part of a global selection process run by Transform Nutrition in 2015, are told to convey the depth, breadth, and diversity of experience of these remarkable leaders.

NEW HORIZONS

By weaving stories together with analysis and description, *Nourishing Millions* conveys the variety of experiences in tackling malnutrition in different contexts throughout the last 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, crucially, *how* success can be achieved.

Nourishing Millions arrives at a time when practitioners and decision makers are beginning to understand that changes in nutrition can only occur and be sustained within an enabling environment. Enabling environments begin with political commitment. Yet 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” of malnutrition increasingly applies to child overweight and obesity as well. Nonetheless, huge gains in political commitment have been made in recent years, with the SUN Movement on the front line of such political change.

Even when malnutrition does succeed in capturing the attention of politicians and policy makers, the next challenge is to figure out what to do. 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, leadership, and institutional capacity. This book offers a rich array of lessons on how to strengthen these various areas.

Not all experiences described in *Nourishing Millions* are glowing success stories, and not all successes endured. This is the real world. Changes and challenges are constant. 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.

Ultimately, successes in nutrition depend on committed people to envision, implement, and evaluate them. *Nourishing Millions: Stories of Change in Nutrition* will hopefully inspire individuals—policy makers, practitioners, researchers, educators, students, and ordinary citizens—to replicate and scale up action against malnutrition and generate further success for future generations.

MORE ABOUT *NOURISHING MILLIONS*

Nourishing Millions is a key element of the IFPRI-led Compact2025 initiative (www.compact2025.org), which brings stakeholders together to set priorities, innovate and learn, build on successes, and synthesize shareable lessons for the purpose of ending hunger and undernutrition by 2025. *Nourishing Millions* also builds upon IFPRI's track record in sharing lessons—in 2009, IFPRI's *Millions Fed: Proven Successes in Agricultural Development* examined 20 success stories of policies, programs, and investments in pro-poor agricultural development that helped to substantially reduce hunger across Africa, Asia, and Latin America.

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The full text of *Nourishing Millions: Stories of Change in Nutrition* is available online at nourishingmillions.ifpri.info.

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