



Brussels Development Briefing no. 41

Improving Nutrition through Accountability, Ownership and Partnership

Overview: Undernutrition, Malnutrition and How to Improve Nutrition at Scale?

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Malnutrition: A Continuum

From hunger (lack of food), to deficits in protein, energy, essential micronutrients to unbalanced diets (excess fat, sugar, salt) leading to overweight/obesity/NCDs

1 common thread: poor diets

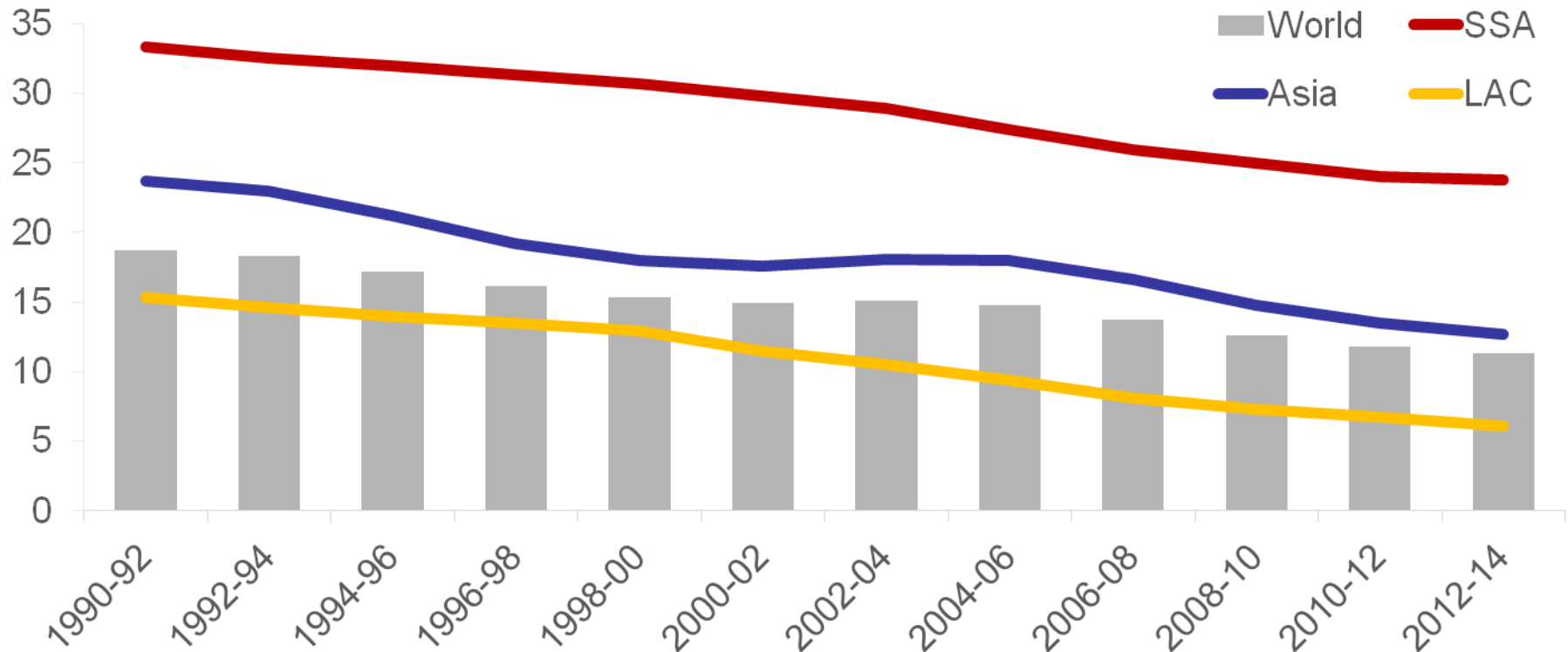


THE CHALLENGE

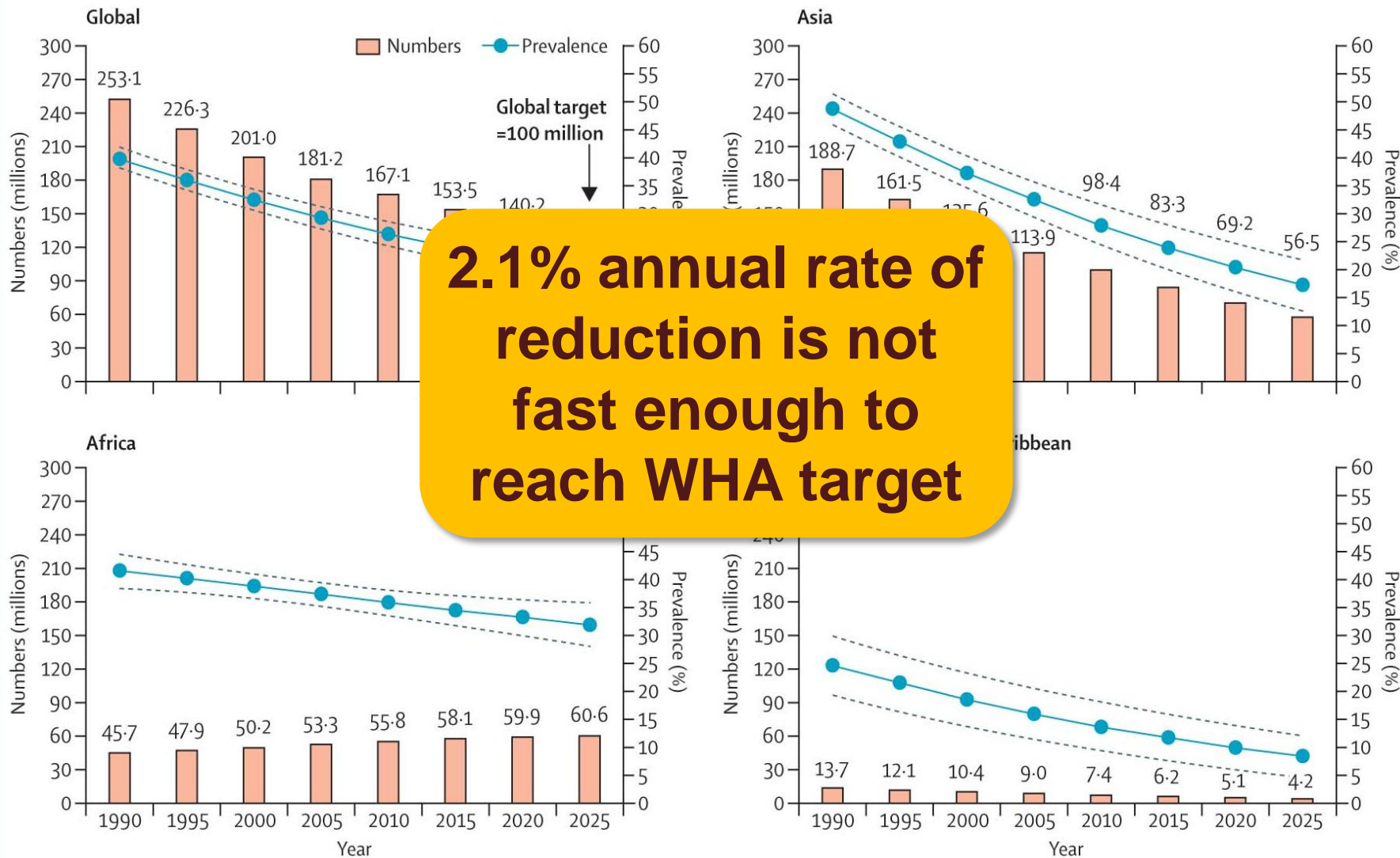
Hunger: 805 Million still undernourished



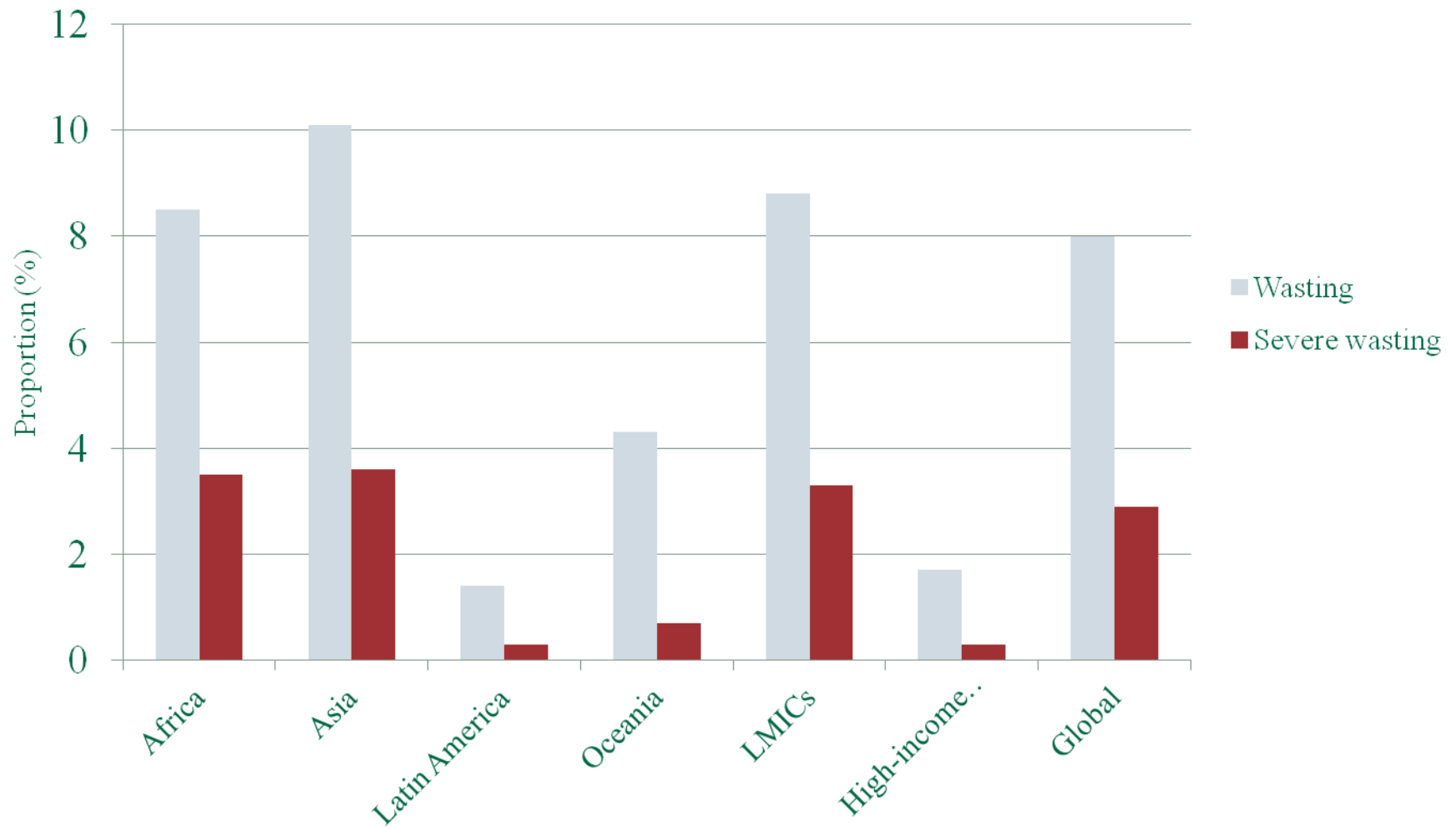
Prevalence of undernourishment (%)



Stunting: ~162 M children (1 in 4)

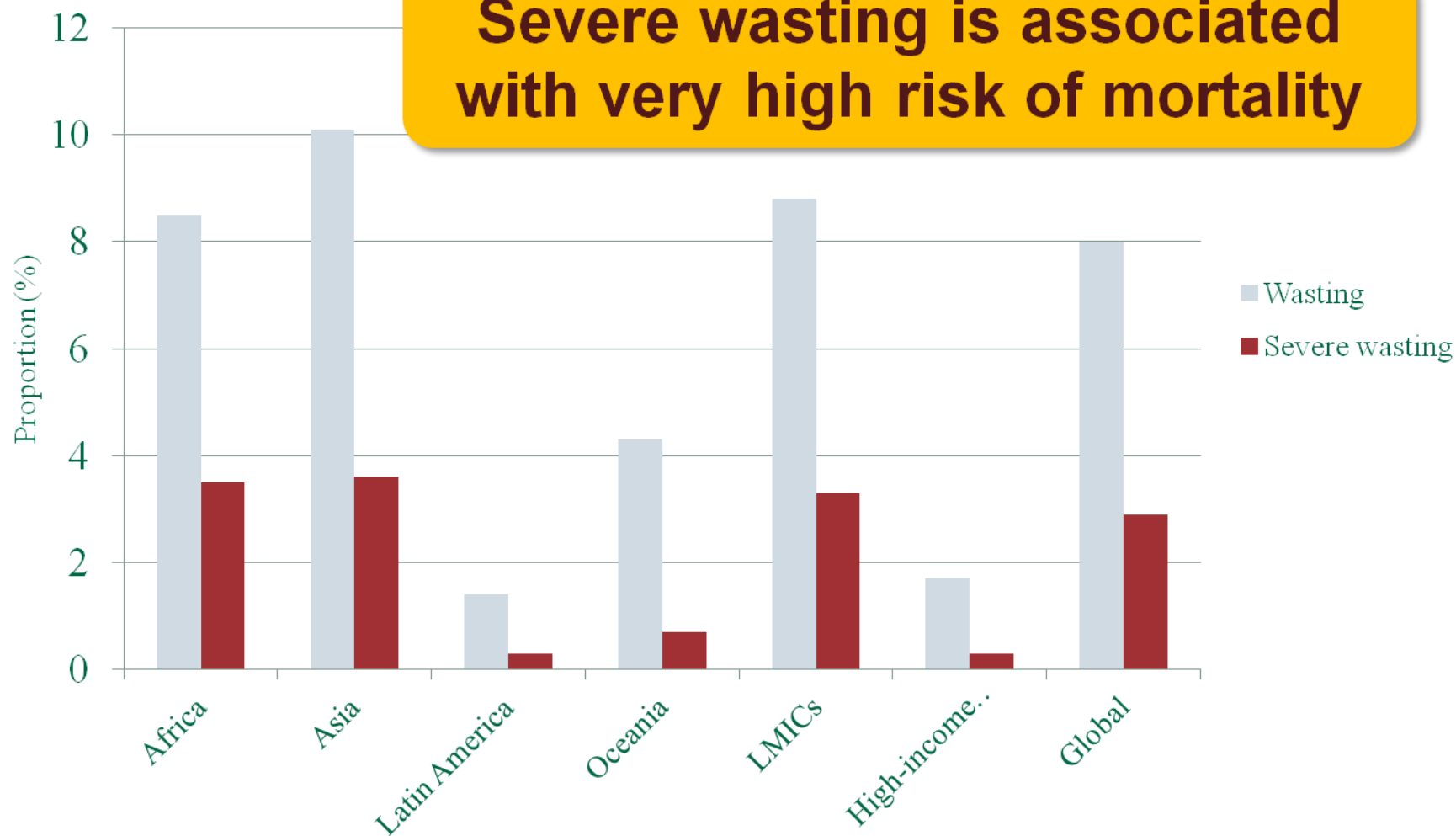


Wasting: 52M (19M severely)



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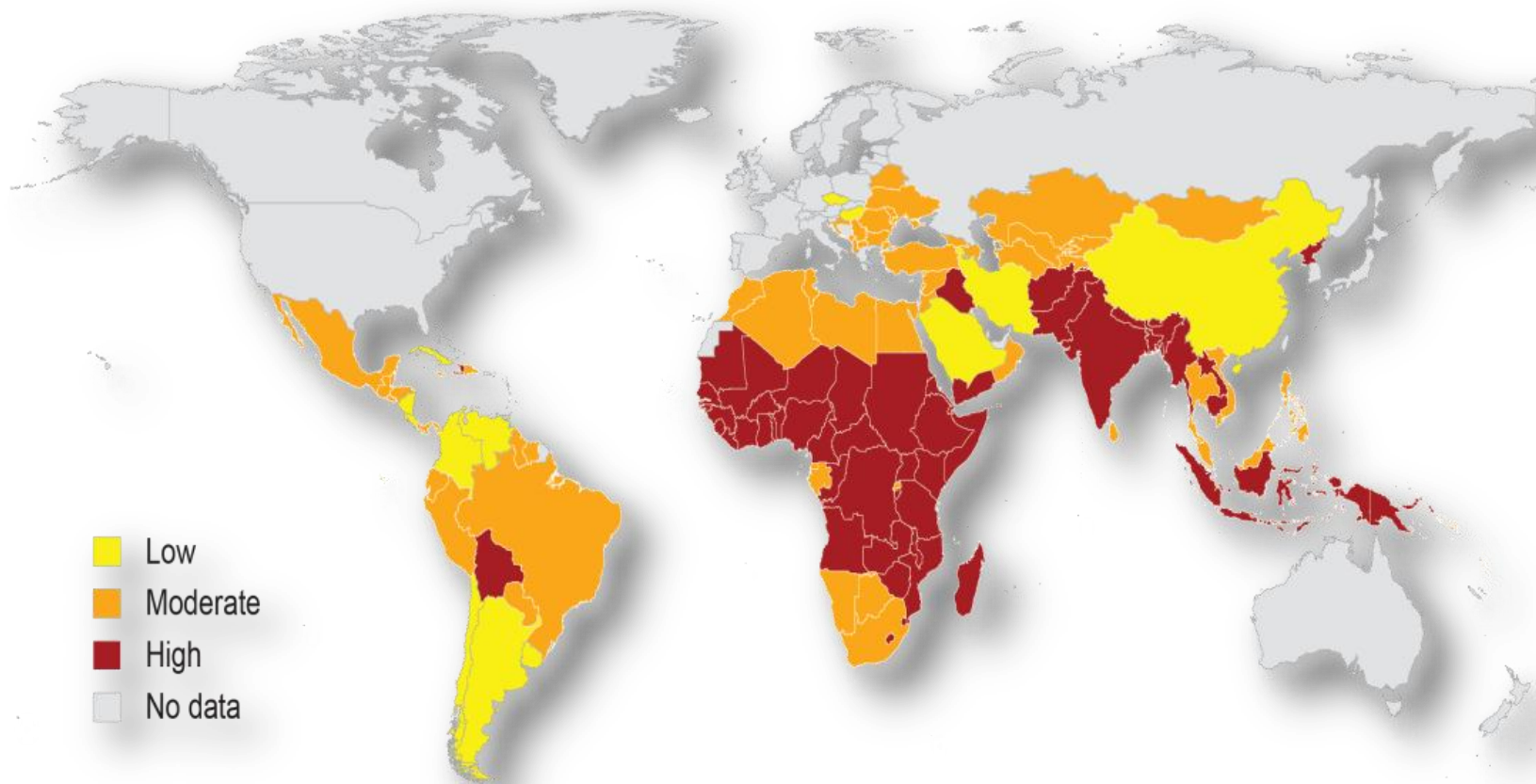
Severe wasting is associated with very high risk of mortality



Micronutrient deficiencies: 2 Billion people

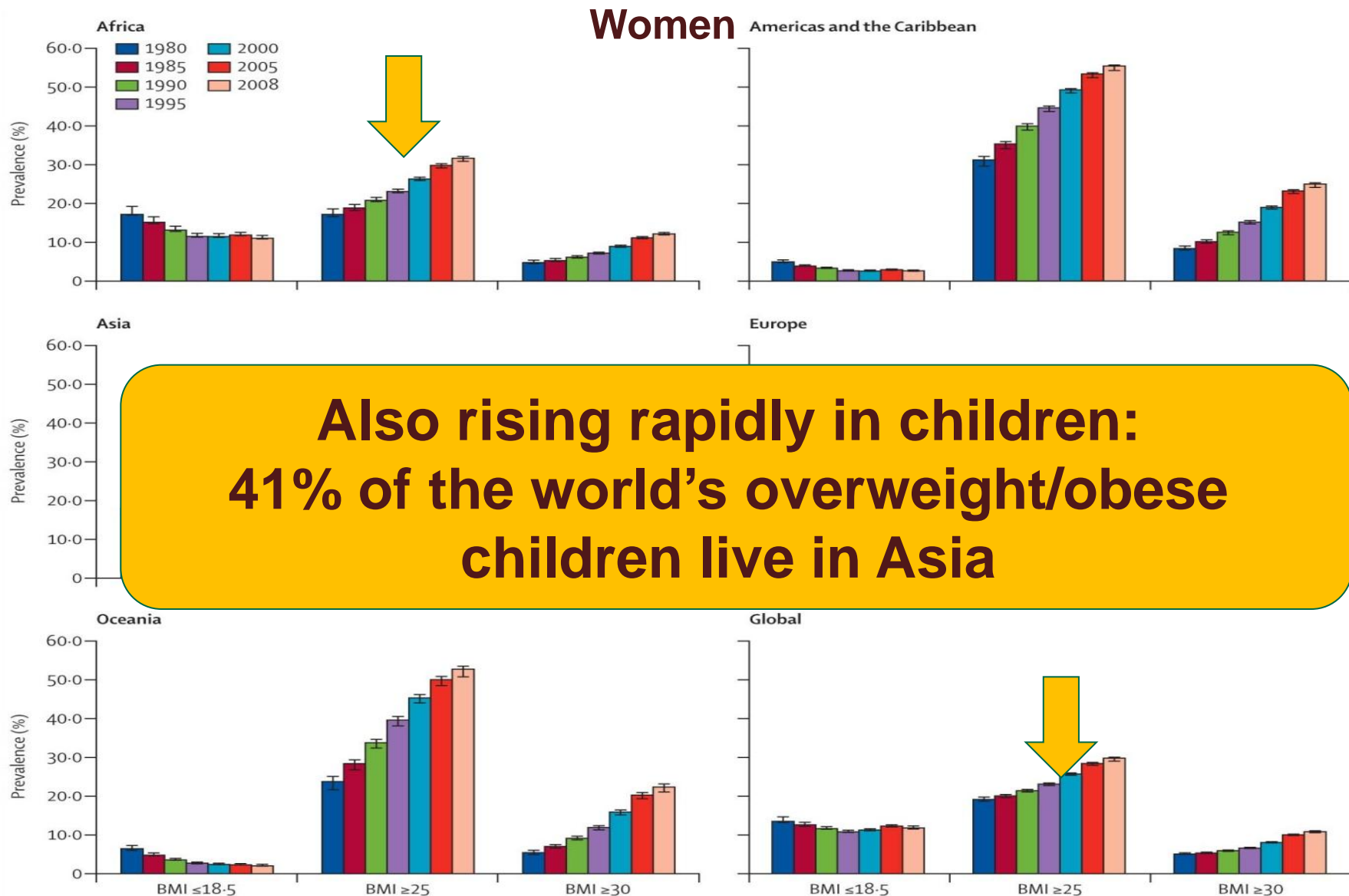


Prevalence of Iron, Vitamin A, Zinc Deficiencies



Source: HarvestPlus 2011 from WHO data

Overweight/obesity: increasing rapidly



Under and over-nutrition coexist

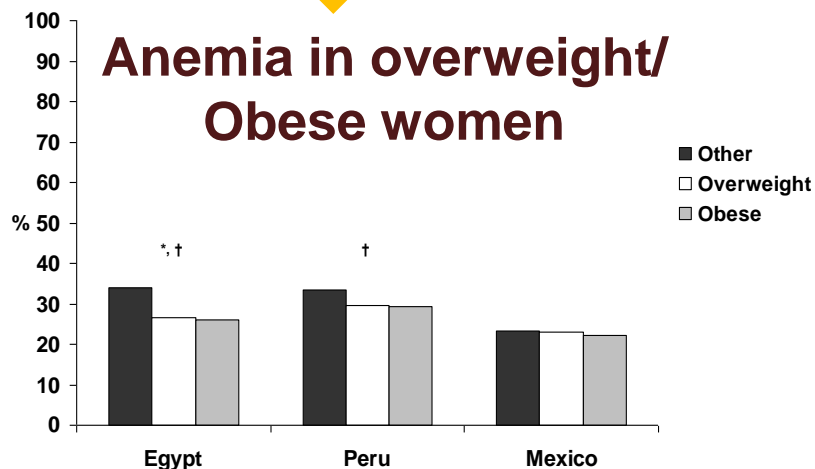
In same country

In same individual

Egypt



Anemia in overweight/Obese women



In same household





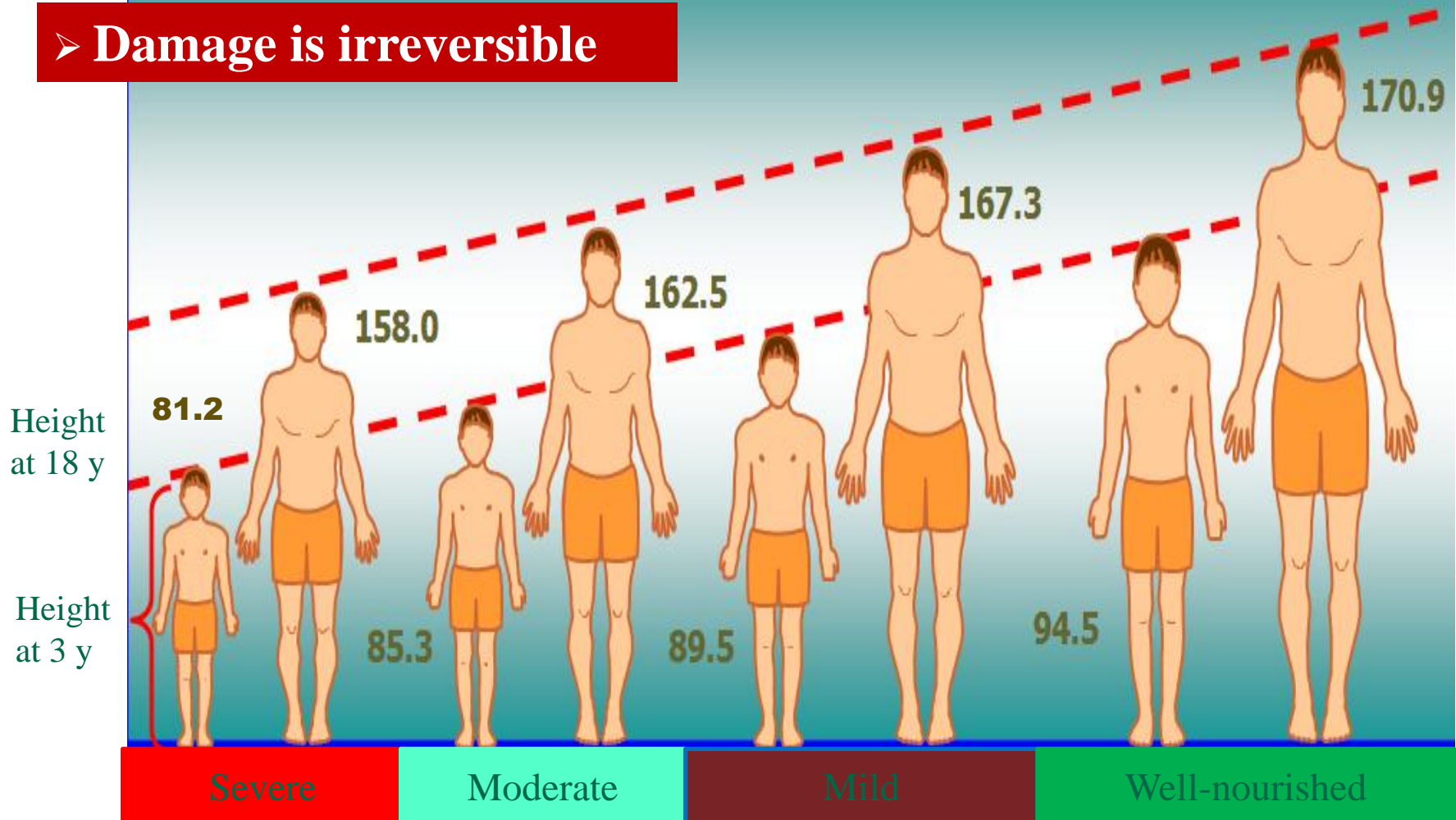
2 12-y old Bangladeshi girls



WHY DOES NUTRITION MATTER?

A stunted child is a stunted adult

➤ Damage is irreversible



Nutrition is the foundation of development



- For survival (45% child deaths associated with poor nutrition)
- For health, physical and cognitive development
- For education, economic productivity, income
- For breaking the inter-generational transmission of poverty



**Economic cost of malnutrition:
\$2.8- 3.5 trillion (4-5% global GDP)** (FAO 2013)



**HOW CAN WE ACCELERATE
PROGRESS IN IMPROVING
NUTRITION?**

1. Focus on the 1st 1000 days

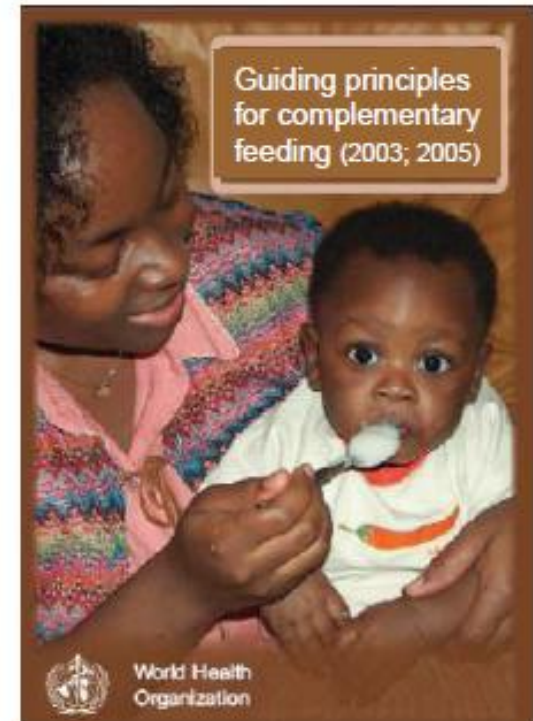
Preconception through pregnancy



0-6 mo: Exclusive breastfeeding



6-24 mo: Complementary feeding



2. Scale-up nutrition-specific interventions

Preconception through pregnancy

0-6 mo: Exclusive breastfeeding

6-24 mo: Complementary feeding

Set of 10 nutrition-specific interventions that focus on FOOD, HEALTH, CARE:
(e.g. Optimal BF + CF; MN supplementation; high-quality diets; preventive health care; treatment of severe acute malnutrition, etc.)



3. Work multi-sectorally to address underlying determinants of malnutrition



**Agriculture &
Food Systems**

Gender



Health



**Social
Protection**

Education



**Water and
Sanitation**

4. Make the food system more nutrition-sensitive



FOOD SYSTEM ENVIRONMENT

Health & Nutrition
Biophysical Environment
Socioeconomic Environment
Political Environment
Demographic Environment

FOOD SYSTEM

Natural Resources & Inputs



Primary Production



Transport, Storage, Processing



Retailing, Marketing



Consumption



HEALTH & NUTRITION

CHANGES IN FOOD SYSTEM
ENVIRONMENT OUTCOMES

Policies that:

- Increase availability/access to nutrient-rich foods & diets
- Make value chains more nutrition-sensitive
- Reduce inequalities
- PPP in food marketing sector

5. Empower Women



Final Messages



- Be **purposeful** about nutrition and gender
- Make **multisectorality** a mindset
- Develop/embed right set of **incentives** for multisectoral work at all levels (top to ground)
- **Strengthen capacity**
- **Build solid partnerships**
- Recognize **opportunities, risks, limitations** of agriculture/food systems, exploit synergies with other sectors
- Ensure **policy coherence & coordination** around nutrition
- **Invest**
- **Document and measure** – build evidence base