



Scaling Up Nutrition: What Will It Take?
The Window of Development Opportunity
November 12, 2009



Executive Summary

In response to an internal assessment (2008) of the World Bank's limited engagement on nutrition, the Bank made a commitment to scale-up its investments in nutrition. The high-level meeting on November 12th, **Scaling Up Nutrition: The Window of Development Opportunity**, shared with senior World Bank management and partners the early achievements supported by the catalytic resources mobilized in FY09 from the World Bank and the Government of Japan.

The meeting was attended by a broad range of constituencies from within and outside the Bank including Umakanta Chaudhary, Minister for Health and Population, Nepal, high level delegations from Burkina Faso, Haiti, and Senegal, Ann Veneman, Executive Director, UNICEF, Gloria Steele, Acting Assistant Administrator, USAID, Susanna Moorehead, Executive Director, UK, World Bank, Toru Shikibu, Executive Director, Japan, World Bank, David Beckmann, President, Bread for the World, Susan Horton, Professor of Economics, University of Waterloo, Canada, and Jane Nelson, Director of Policy and Strategy, International Business Leaders Forum at Harvard University, among others.

Julian Schweitzer, Acting Vice President, Human Development Network, World Bank welcomed participants with framing remarks, highlighting the dual opportunities before the nutrition community. First is the special window of *development opportunity* from conception through the 24 months, when optimal nutrition is fundamental to healthy physical and cognitive growth, and insults to a child's nutritional status may be irreversible. The second is the current climate of *political opportunity* with its growing recognition that the health and education MDGs cannot be met without tackling the nutrition agenda. He noted that this is absolute ground zero for any serious discussion of economic and human development.

Graeme Wheeler, Managing Director, World Bank then opened the meeting with a keynote speech in which he reiterated the strong support from senior-most Bank management for scaling up its nutrition investments. He stressed the need for multi-partner, multisectoral action at scale; the Bank's commitment to creating linkages between nutrition and health systems strengthening, social protection, safety nets, food security, gender, and poverty reduction efforts; and the importance of effective partnerships with the private sector and civil society organizations in the fight against undernutrition.

In Session 1, (**Scaling Up Nutrition: Experiences From the Field**), four country case studies (Nepal, Burkina Faso, Haiti, and Senegal) underscored the importance of political will at the highest levels, a national nutrition plan, coordination and collaboration across ministries, and in many cases, innovative implementation strategies such as contracting out with CSOs in order to achieve high levels of population coverage. Session 2, (**What Needs to Be Done? What Will it Cost?**), discussed the cost estimates and financing needs (\$10.3 billion) for delivery at-scale of the key direct nutrition interventions in high-burden countries. In addition, the framework for the multi-partner Global Action Plan for Scaling Up Nutrition (GAP) was presented. The GAP aims to set in motion a process for developing a unified nutrition agenda and a call to action to scale up nutrition investments. In Session 3, (**Scaling Up Nutrition: Where Do We Go From Here?**), a distinguished group of panelists commended the GAP strategy, agreed on the critical focus from pre-conception through two years of age as well as the need to act while the current political window of opportunity, in the wake of the fuel, food, and financial crises, is open. The partners recommended that the Bank's new food security trust fund (GAFSP) include a special focus on nutrition, and the need to work towards placement of nutrition on the G8/G20 agenda.

**Scaling Up Nutrition: What Will it Take?
The Window of Development Opportunity
November 12, 2009 The World Bank MC 13-121**

- 2:00 pm** Welcome and Framing Remarks
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- Julian Schweitzer**, Acting Vice President, Human Development Network, World Bank
Scaling Up Nutrition: The Window of Development Opportunity from Pre-pregnancy Until Two Years of Age
- Opening Keynote: **Graeme Wheeler**, Managing Director, World Bank
- 2:15 pm** Session 1: Scaling Up Nutrition: Experience from the Field
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- Chair: **Michal Rutkowski**, Director, Human Development, South Asia
- **Nepal: Mr Umakanta Chaudhary**, Honorable Minister for Health and Population
 - **Burkina Faso: Prof. Traore Adama**, General Secretary, Ministry of Health
 - **Haiti: Dr Francesca Joseline Marhone Pierre**, Director of Nutrition, Ministry of Health
 - **Senegal: Mr. Abdoulye Ka**, Operations Monitoring Officer, Cellule de Lutte contre la Malnutrition (CLM)
- Discussant: **Shanta Devarajan**, Chief Economist Africa region, World Bank
--DISCUSSION--
- 3:15 pm** Session 2: What Needs to Be Done? What Will It Cost?
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- Chair: **Jane Nelson**, Director, International Business Leaders Forum
- *What Will it Cost?* **Susan Horton**, Professor of Economics, University of Waterloo, Canada
 - *A Framework and a Global Action Plan for Scaling Up Nutrition*, **Meera Shekar**, Lead Health Specialist, Human Development Network, World Bank
- Discussants: **Ann Veneman**, Executive Director, UNICEF; **Christopher Delgado**, Advisor, Agriculture and Rural Development, World Bank; **Venkatesh Mannar**, President, Micronutrient Initiative
--DISCUSSION--
- 4:00 pm** COFFEE BREAK
-
- 4:15 pm** Session 3: Scaling Up Nutrition: Where do We Go From Here?
-
- Chair/Talk Show Format: **Phil Hay**, Communications Advisor, Human Development Network, World Bank
- **Gloria Steele**, Acting Assistant Administrator, Global Health, USAID
 - **Susanna Moorehead**, Executive Director, UK, World Bank
 - **David Beckmann**, President, Bread for the World
 - **Vinod Thomas**, Director General, Independent Evaluation Group, World Bank
- DISCUSSION--**
- 5:15 pm** Closing and Next Steps
- 5:30 pm** Reception co-hosted by The Micronutrient Initiative and The World Bank
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- Master of Ceremonies: **Phil Hay**, Communications Advisor, Human Development Network, World Bank

SCALING UP NUTRITION: THE WINDOW OF DEVELOPMENT OPPORTUNITY

November 12, 2009

World Bank, Washington DC

Meeting Report

Background: In response to an internal assessment (2008) of the World Bank's limited engagement on nutrition, the Bank made a commitment to scale-up its investments in nutrition. To support this scale-up, the Bank's senior management allocated additional resources to build internal Bank capacity for nutrition in the regional teams, and to kick-start the scale-up efforts at country level. The high-level November 12th meeting was set up to share with senior World Bank management and partners the early achievements supported by the catalytic resources mobilized in FY09 from the Bank and from the Government of Japan. In addition, the meeting aimed to discuss ongoing efforts, undertaken in partnership with UN organizations, bilateral aid agencies, non-governmental organizations, academic institutions, and other civil society organizations, to develop a Global Action Plan for Scaling Up Nutrition and to reposition nutrition on the global development agenda.

Objectives: The meeting aimed to share early lessons from World Bank-supported country-level activities to date, and to build momentum for further collaborative action to address malnutrition through consultation with global- and country-level stakeholders.

The meeting was attended by a broad range of constituencies both within and outside the Bank including Umakanta Chaudhary, Minister for Health and Population, Nepal, high level delegations from Burkina Faso, Haiti, and Senegal, Ann Veneman, Executive Director, UNICEF, Gloria Steele, Acting Assistant Administrator, USAID, Susanna Moorehead, Executive Director, UK, World Bank, David Beckmann, President, Bread for the World, and Jane Nelson, Director of Policy and Strategy, International Business Leaders Forum at Harvard University, among many others.

A full list of participants is attached in Annex 1.

Welcome and Framing Remarks - *Julian Schweitzer, Acting Vice President, Human Development Network, World Bank*

Julian Schweitzer welcomed participants to the meeting and highlighted the dual opportunities the nutrition community has before them. The first is the agreed upon *special window of development opportunity*, -9 months to +2 years of age, as a crucial window of human development that once closed, cannot be reopened later. He reiterated the concern that those who are not properly nourished during this period of time are condemned to a lifetime of low productivity, poor health, and often lower mental development than they would have were they properly nourished. This is absolutely ground zero for any serious discussion of economic and human development. It cannot be avoided; it has to be right at the top of our priorities.

The second opportunity he addressed is the current climate of *political opportunity*- there's a growing recognition that the other MDGs; health, education, and gender cannot be met unless we tackle the nutrition agenda. Nutrition offers an opportunity to improve these health outcomes but also to spur economic growth. The recent lesson learned from the Food-Fuel-Finance (FFF) crises of the last few years is that during troubled times like these, it is women and young children who get squeezed further. The charge to the nutrition community is to garner support to scaling up investments in nutrition, scaling up capacity to deliver nutrition- not just money. This action hopefully will buffer countries against future shocks and help build human capital.

The science is well understood. Improved nutrition is the outcome of at least three sets of inputs: food, health, and caring practices. Each is necessary, none sufficient on its own. Young children need optimal breast-feeding, and appropriate food, vitamins and minerals pegged to child growth and development. They need access to basic health services, and parents who are empowered and capable to use food and health services

effectively. This means that by definition, we have to work across silos -- across sectors -- to make nutrition work.

The World Bank recently enhanced its capacity to scale up nutrition, with a number of new colleagues on board with real expertise in this area- but it is essential to work across many different groups at the Bank: social protection and rapid social response teams to develop safety nets that incorporate nutrition; conditional cash transfers that are conditional upon the uptake of nutritional services; agricultural teams to discuss how to promote food security for small farm holders and how they can collaborate to develop and promote micronutrient fortified staple crops such as orange flesh sweet potatoes and vitamin A rich maize. One must also work on this from a health systems point of view to extend facility-based health services at the community level and deliver key vitamins and minerals more effectively. The High Level Task Force came up with the twin slogan “more money for health and more health for the money”- and that’s a crucial part of this agenda. And the Bank is working through the International Health Partnership, of which UNICEF colleagues are key partners, to develop country compacts and innovative financing options.

Finally, Mr. Schweitzer highlighted that in the context of the work facing the nutrition community, success can only come in the form of partnership. There is no way that one agency or one institution can, or should, go it alone.

Opening Keynote - *Graeme Wheeler, Managing Director, World Bank*

Mr. Wheeler began by welcoming and thanking all those who have been partnering with the World Bank in this critical conversation. Despite potentially very high returns to investment nutrition has been a “forgotten MDG” – hidden deep within MDG 1c (hunger and malnutrition; the non-income face of poverty) – often unrecognized, rarely acted-upon, and grossly under-funded. Less than one quarter of developing countries is on track to achieve the MDG goal 1c to halve underweight (low weight-for-age for children under 5years of age). He noted, however, that international engagement on nutrition is increasing as we learn more about the insidious impacts of undernutrition and realize that we can overcome them.

Key elements of the problem include the fact that:

- 10 million people die each year of hunger related causes, over 3.5 million are children.
- 90% of undernutrition occurs in 36 countries; 80% in 24 countries. With the highest prevalence of child undernutrition is in South Asia and sub-Saharan Africa.
- The chronic undernutrition problem in these countries has been further jeopardized by the Food-Fuel-Finance crises; and fragile states/conflict and climate change exacerbate the situation further. Bank estimates suggest that the FFF crises added an additional 40-50 million malnourished individuals in developing countries.
- Diarrheal disease, especially among young children, contributes to serious malnutrition. Each year contaminated water and poor sanitation contribute to 5.5 billion cases of diarrhea worldwide.

The evidence is clear:

- Malnutrition between conception and 24 months of age can cause irreversible damage to health, growth and cognitive development, leading to higher child mortality, lower IQ, lower school achievement, reduced adult productivity and lower earnings.
- Despite rapid economic growth over the last decades, many countries in South Asia continue to have nearly doubled the rates of underweight as compared with those in Africa. India is a special case in point where 47% of children under age five are underweight in spite of economic gains.
- Current levels of investment are woefully inadequate. As per OECD/DAC data, total donor investments in nutrition have been of the order of \$250-300 million per year across all partners. The World Bank’s own total nutrition portfolio (which “spikes” up and down each year as large projects go in/out) stood at about \$550 million last year and stands at about \$700 million now. These are very small investments

when compared with the estimated additional need for \$10.3 billion/year from public (national and international) funding sources.

Luckily, the nutrition community widely agrees on much of what needs to be done, such as the target groups, and evidence-based interventions. What else remains?

- We must learn how to build on the synergies between health systems strengthening, social protection, safety nets, food security and poverty reduction.
- We must work with agricultural teams to promote bio fortified crops; with gender teams to empower mothers in their childcare decisions; with social protection teams so conditional cash transfers can increase the demand for nutrition services; and with local communities and learn together in order to scale up impact.

What has the World Bank done?

Like many other partners, the Bank hasn't fully addressed nutrition. We are trying to rectify this, and are fully committed to scaling up our investments in nutrition. Over the last year, we have:

- Recruited six new nutrition staff (five of them in the regions with the greatest need).
- Started new analytic work with our country clients to develop projects and strategies that fit the country context.
- Worked with partners to develop a multi-partner Global Action Plan for Scaling Up Nutrition.
- As part of the Bank's own scale-up, we expect by 2011, a significant ramp-up of the Bank's nutrition portfolio in an additional 10-12 countries in Africa; four in South Asia (Pakistan, Nepal, Sri Lanka and Afghanistan); one in LAC with partners (Haiti) and innovative "discovery" work in four LAC region countries (Bolivia, Honduras, Nicaragua, Peru).

What remains to be done?

- Link these projects with projects that support health systems strengthening, food security investments and social safety nets, as well as with the larger poverty reduction agenda.
- Effectively partner with the private sector (for example to make sure we fortify staple processed foods like wheat flour & oil with vitamins and minerals) and with civil society organizations.
- Ensure consistency with the Paris and Accra declarations on aid-effectiveness, especially mutual accountability; and we need to link with existing partnership efforts such as the IHP+.

As we scale-up our investments collectively, we need to keep our focus on results. As development resources become more and more scarce, nothing will succeed like success itself. Our investments must be accompanied by rigorous evaluations of large scale programs (not just small studies), to seriously assess how to effectively go to scale in diverse environments/settings – this would be a major contribution to global efforts at scaling up. And we will continue to dialogue with our clients to see how new resources can be tied to results through performance-based financing. Results-based financing is a promising tool.

Mr. Wheeler expressed gratitude to all partners who have worked on the common action plan- it is immensely important. With these efforts, we still may not achieve the nutrition MDG in all countries, but we certainly will be closer to the targets; and we will have spurred future economic growth, helped achieve some of the other MDGs (health, education), and helped to buffer countries against future shocks.

Session 1: Scaling Up Nutrition: Experience from the Field - Chair: Michal Rutkowski, Director, Human Development, South Asia

Mr. Rutkowski commended the opening of the meeting with its focus on experience on the ground and an emphasis on effectiveness research in order to improve the quality of the interventions and then scale up those

that prove to be working. With that, he turned to country partners in Nepal, Burkina Faso, Haiti and Senegal to give the meeting participants a sense of the successes experienced and challenges faced while scaling up nutrition.

Nepal - *Mr. Umakanta Chaudhary, Honorable Minister for Health and Population*

Mr. Chaudhary described Nepal's current work to develop a new constitution where health is taken as a basic right. His presentation highlighted the success in Nepal's nutrition program such as the decrease in anemia among children and pregnant women, and high levels of coverage of both vitamin A and iodized salt.

There are issues and challenges that need to be considered by external development partners for Nepal's development. Despite significant progress in the control of micronutrient deficiencies, half of all children under the age of five are still chronically undernourished. With the onset of the food, fuel and financial and climate change crises, the situation is expected to worsen further. With much of the focus on the MDG targets, Mr. Chaudhary urged that *"It is not only about achieving the MDG target. Every child has a right to good health and nutrition. Every child can attain good nutrition status, provided that there is an enabling environment, resources and political commitment."*

Mr. Chaudhary reiterated that the Ministry of Health and Population alone cannot eliminate malnutrition. Success hinges on high-level coordination with other ministries: agriculture, local development, and education among others. With the assistance of several donors (World Bank, UNICEF, USAID, WFP, WHO, and others) a joint gap analysis was initiated by the Government of Nepal to identify evidence-based and cost effective interventions in health and other sectors. Recommendations from this analysis will be incorporated in Nepal's Health Sector Plan and phase II of the new multi-donor supported Health Sector Development Project. The gap analysis will also be used to guide nutrition programming and in finalizing the multisectoral National Nutrition Plan of Action.

Nepal presentation

Burkina Faso – *Prof. Traore Adama, General Secretary, Ministry of Health*

Professor Adama's presentation spoke to the efforts achieved in Burkina Faso, but admitted Burkina Faso is far from meeting the nutrition MDG goal. Between 1993 and 2003, Burkina Faso saw an increase in underweight rates; the situation has been worsened by the rise in food prices since 2006. The food price crisis has resulted in less diversity and lower quality of food purchased.

The Government of Burkina Faso has actively pursued implementing high impact interventions, while improving service delivery and strengthening institutional capacities. In 2002, the creation of the Nutrition Directorate in the Ministry of Health followed the "Three Ones":

- One single intra- and inter-sectoral coordination framework
- One policy and one strategic plan
- One monitoring and evaluation system

A national nutrition policy has been adopted, and tools have been employed such as results-based financing and contracting with CSOs to combat endemic diseases such as malaria; reproductive health; and STIs. Burkina Faso also participates in the International Health Partnership (IHP).

Finally, Professor Adama reiterated that his country knows what to do. They have the tools, the necessary community involvement, a strategic plan and a plethora of activities. They also have an estimated cost for implementing the plan: 18 million dollars. The government has put a priority on nutrition, and received additional "urgency" funding. But this financing is not sustainable given the need to scale up nutrition

interventions and continue the downward trend in rates of under-five wasting and stunting seen since 2003. More resources and support from partners is essential.

[Burkina Faso presentation](#)

Haiti - *Dr Francesca Joseline Marhone Pierre, Director of Nutrition, Ministry of Health*

Malnutrition is endemic in rural communities and Haiti faces many challenges. In 2009, chronic malnutrition prevalence among children 6-59 months surpassed 30% in some areas, more than 60% of children have anemia and only 3% of children live in households with iodized salt. Previous efforts have focused on short-term emergency responses, rather than long-term, integrated, and sustainable solutions to reduce malnutrition.

Dr. Pierre highlighted the current work being spearheaded by the Government of Haiti. Efforts have resulted in strong partnerships with donors and NGOs to coordinate efforts and improve effectiveness in reducing malnutrition. The National Nutrition Policy will be revised by the end of 2009, with the creation of a National Strategic Nutrition Plan by 2010.

Much is left to be done. Better coordination is needed among partners. Technical and financial support is needed. Haiti will continue to generate and collect nutrition data with plans to share this information. They will host a high-level symposium on nutrition to highlight the importance of nutrition in Haiti, and actively encourage commitment from all partners in Haiti's strategic plan for nutrition.

[Haiti presentation](#)

Senegal - *Mr. Abdoualye Ka, Operations Monitoring Officer, Cellule de Lutte contre la Malnutrition (CLM), Senegal*

Six out of eight MDGs are influenced by nutrition, and Senegal, like the rest of the world, gives high priority to meeting these goals with assistance from UNICEF, WFP, World Bank, WHO, USAID, FCI, MI, and other NGOs.

The Government of Senegal, via the National Committee for the Fight Against Malnutrition has implemented a multisectoral nutrition policy for the benefit of vulnerable groups by developing a country strategy plan for the second phase of the Nutrition Enhancement Program (NEP). This program has two objectives:

- Improve the nutritional status of target populations with special emphasis on children under 2 years of age living in poor urban and rural areas.
- Strengthen the country's institutional capacity to implement and evaluate nutrition policies.

The NEP builds on growth promotion as well as the community-based integrated management of childhood illnesses (C-IMCI) strategies with the promotion of behaviors such as compliance with antenatal care visits to the practice of exclusive breastfeeding. The fight against micronutrient deficiencies is also one of the challenges, and the country is supporting activities promoting the consumption of food rich in micronutrients and micronutrient supplementation. In the school environment, iron supplementation to fight anemia has been undertaken to increase student performance.

The *Cellule de Lutte contre la Malnutrition* (CLM) ensures the proper implementation of the program- made up of representatives from several ministries, civil societies and local governments, which are the owners of the community nutrition projects. These institutional arrangements allow for the sustainability of community interventions and Senegal is now among the few countries that are on track to achieve the nutrition MDG.

Discussant - *Shanta Devarajan, Chief Economist Africa Region, World Bank*

Mr. Devarajan concluded that what all the case studies have in common is the need to raise political salience of the issue and accountability for improving nutrition.

Undernutrition has long-term effects, so it cannot be treated like other issues. The current financial crisis affects developed and developing countries. Recessions are thought of as temporary, but in developing countries this slowdown in growth literally means that your child might die. There are irreversible effects of this issue and the stakes are very high. Estimates for Africa indicate that 30-50,000 additional children may be lost before their first birthday.

Mr. Devarajan complimented the case studies, and applauded the progress made. He pointed to the multisectoral national strategy owned by a wide variety of stakeholders that was a common theme in each presentation. He offered the participants the following thoughts and suggestions:

- **Need for political saliency and accountability:** Is there a politician in any of the countries who is likely to lose the election if they do not deliver on nutrition and who is willing to hold themselves responsible for nutrition outcomes? That is the big challenge.
- **Scaling up interventions and delivery mechanism to decrease leakage rates:** Leakage rates of food supplements can be as high as 50%. This is often a problem with large nutrition schemes. Encourage evaluating contracts. Focus on the community level where there is intrinsic motivation, and which increases the chances that the services will be delivered as planned.
- **Raise political salience.** Conduct information campaigns directed at politicians and those they listen to -- the VOTERS.
- **Cost effectiveness of the interventions is high.** Get a politician to seize this.
- **Taut impact evaluations.** Keep in mind that evaluations can play a role in building political support, such as with Progressa in Mexico -- this will offer sustainability to the program even if the government changes.

Session 2: What Needs to Be Done? What Will It Cost? - Chair: Jane Nelson, Director, International Business Leaders Forum, Harvard University

What needs to be done to scale up some of the most effective interventions? Jane Nelson focused her comments on three critical questions that all country presenters have raised:

- **What will it cost** and how do we fund the scale up? Not only in terms of mobilizing public sector and donor funding but also private and foundation funding.
- **How can we strengthen the institutional and human capacity that is important to reach the household level?** Particularly the technical and human resource skills that are needed. It's not just about building the capacity of public health officials, but how can we harness community leaders, volunteers, and private sector leaders as part of that human capacity building? How does that improved capacity then reach the household level?
- **How can we work more effectively together to increase advocacy and public awareness** campaigns and efforts to increase political saliency at the global and national level, but also the behavior change agenda?

She also noted that there is clarity about several key issues. The global development community has a clear target in MDG1 and a clear understanding of the interventions needed to achieve the target. There is also consensus that a linked, multisectoral approach is needed as well as an emphasis on country-level planning and implementation. *“This is a great opportunity to learn from innovative financing mechanisms and new technology, and to learn from the country level about policy and delivery innovation.”*

What Will it Cost? - Susan Horton, Professor of Economics, University of Waterloo, Canada

Ms. Horton presented the highlights from the new publication, *Scaling Up Nutrition: What Will it Cost?* She noted that while developing an action plan to address nutrition, it is important to know what resources will be

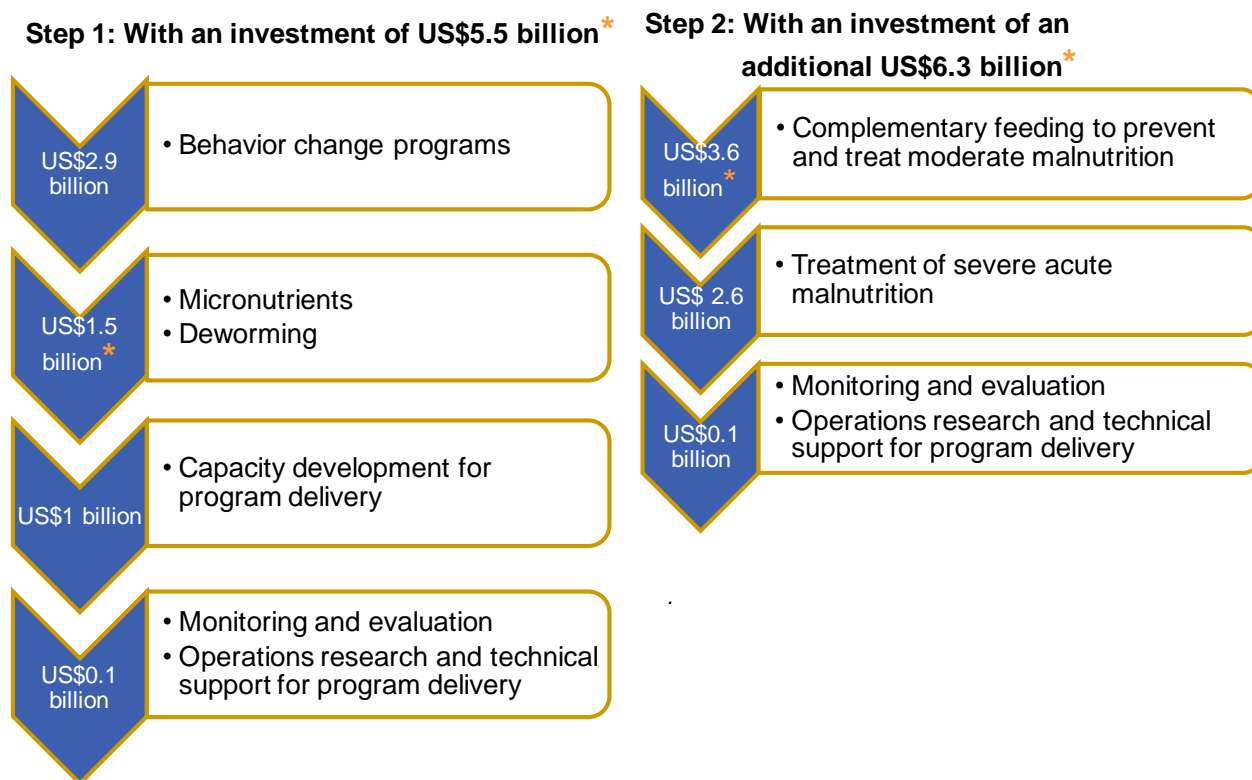
needed to carry out the plan. In the 2008 Copenhagen Consensus, strong attention was focused on nutrition. Five of the top ten priorities at the Consensus address nutrition. While this is heartening Ms. Horton pointed out that it also highlights global underinvestment in nutrition to date. Not enough has been spent on something that is relatively inexpensive, with high returns both in economic and in social terms. Nutrition interventions are inexpensive in relation to the economic, health and human benefits they create.

Ms. Horton also referred to the cost effectiveness of community treatment of severe acute malnutrition, and The Lancet nutrition series as building blocks for the costing estimates. The Lancet prioritized the 36 countries where 90% of the stunted children worldwide live. In addition, there are 32 small countries that may not account for a huge amount of the burden of malnutrition worldwide, but where more than 20% of children are either stunted or underweight. These 32 countries account for 6% of the undernutrition burden and add an additional 6% to the costs. The Lancet presented 23 interventions in three different groups which are known to be efficacious.

The costing study focuses on 13 interventions for which there are protocols and unit costs available and that are ready for scale-up. These interventions are grouped into three clusters: behavior change, micronutrients and deworming, and food-based interventions.

Ms. Horton described the methodology used to determine the cost of interventions from actual projects occurring in the field, allowance for costs differences among regions, and estimating target populations for each intervention.

A two stage scale up is proposed:



Out of the US\$11.8 billion estimated, US\$1.5 billion is estimated to come from private households, leaving a financing gap of just over US\$10 billion annually.

Ms. Horton concluded by mentioning four potential sources of financing for the US\$10.3 billion gap, including international donors, domestic governments, domestic private sector corporations, and the international private

sector. These resources will be necessary to scale up efforts to address malnutrition, especially among the youngest children and their mothers in the 36 (+32) countries that carry the heaviest burden of malnutrition.

[Scaling Up Nutrition: What Will It Cost? presentation](#)

A Framework and a Global Action Plan for Scaling Up Nutrition - *Meera Shekar, Lead Health and Nutrition Specialist, Human Development Network, World Bank on behalf of the international nutrition community's Global Action Plan Partners Group.*

This group is in the process of developing a Global Action Plan (GAP) for Scaling Up Nutrition, focused on scaling up three strategic areas of intervention, with a special emphasis on the nutritional window of opportunity from pre-pregnancy until two years of age.

Ms. Shekar made the point that despite an incontrovertible evidence base, and despite the fact that undernutrition continues unabated in many countries, the nutrition agenda remains unfunded and under-invested. The triple jeopardy of the food, fuel, and finance crises has exacerbated the situation, squeezing women and children to an even worse state. Yet, Official Development Assistance for nutrition has remained flat over many decades, even when investments in other complementary sectors have grown substantially.

The lack of a common voice and a unified agenda may be one major reason for this lack of investment. The Global Action Plan represents a move to change this situation. It aims to set in motion a process for a unified agenda and a call to action to scale-up nutrition. As it does so, it aims to strike the right balance between direct and indirect interventions, and between the short and the long routes to improving nutrition outcomes in the 36 (plus 32) high burden countries. Because nutrition is a multi-sectoral issue, the GAP aims to complement investments through the health sector, and with those in agriculture and food security, social safety nets and social protection, water and sanitation, and gender. It will also complement investments in overall poverty reduction strategies, governance and stewardship at country levels. The GAP process aims to move the nutrition agenda from a narrow “nutrition lens” to a wider development lens that expands potential for actions through other sectors including the private sector, education, trade and tax policies, finance and credit, and others. The GAP also aims to support a process by which the evidence-based technical strategies can be translated into greater political and social support for the nutrition agenda so it is mainstreamed as part of the wider development agenda.

Ms Shekar shared examples of other similar movements that have been successful – including Roll Back Malaria, the International Health Partnership, the Task-Force on Innovative Financing for Health Systems, and the Fast-Track Initiative on Education. She also mentioned the recent united call to action on vitamin and mineral deficiencies led by the Micronutrient Initiative and co-signed by many of the UN, bi-lateral and multi-lateral partners. She laid out a process that exemplified the shared ownership of the GAP agenda, and listed the six emerging pillars of the GAP at global level: centrality of country plans, a multi-sectoral approach, a strong evidence base, capacity and systems strengthening, broad partnerships, and scaling up donor support in line with the Paris/Accra principles of aid effectiveness. As the GAP moves to the country level, country leadership and ownership will be critical, as will the role of civil society, parliaments and the private sector. It was also suggested that the GAP consider the “Three Ones” adopted by HIV-AIDS (as the Burkina Faso presentation had also highlighted): one agreed national plan, one national coordination authority for action across sectors, and one M&E system.

Country nutrition strategies need to be an integral part of the G-8 (LaAquila) initiative on food security and agriculture, the IHP+, and the High-Level Task Force on Innovative Financing for Health Systems. Support can also be garnered from other complementary initiatives, including the Fast Track Initiative on Education. Ms Shekar ended by mentioning that a consensus was emerging, and that leaders in the nutrition community had agreed to act as one with coherent approaches to take this agenda forward. She referred to a draft consensus statement for advocacy developed through the GAP process. It is hoped that this consensus statement developed by the GAP partners will be used to garner political support at global and country levels.

Global Action Plan presentation

Ms. Nelson then summarized three lessons and messages from the presentations:

- The question of country leadership and ownership underscores the need to learn from the country level upwards.
- Multi stakeholder engagement around a common plan is key.
- Linking nutrition back to the broader health, agriculture and development agenda will ensure sustainability and implementation at scale.

Discussant - Ann Veneman, Executive Director, UNICEF

In response to the presentations in Session 2 and in alignment with the proposed framework of the GAP, Ms. Veneman discussed UNICEF's current emphasis on nutrition and some of the innovative approaches the agency uses to address severe acute malnutrition and accessing isolated communities where the burden of undernutrition is often the highest.

She noted that UNICEF has opted to invest virtually all of its discretionary money in nutrition because of the window of opportunity that has been referred to throughout the day -- that is, "...*the thousand days between conception and the second birthday...*" when the negative impact on both physical and cognitive development with later, often irreversible effects on educability and adult earnings, continue the cycle of poverty.

The most recent number for under-five mortality is 8.8 million deaths in 2008. For about 1/3 (2.9 million) of these, malnutrition is a contributing cause of death. The combination of disease and undernutrition further increases the risk of death. One-third of these deaths occur in the first month of life and 69% occur in the first year of life. Out of 8.8 million under-five deaths, 6.1 million of them occur in the first year of life. This fits right into that window of opportunity (pre-pregnancy through 24 months). Nutrition is key and this includes the nutritional status of the mother.

Early onset of breastfeeding is sometimes underestimated in terms of its importance to the overall health of the child, particularly in the early days of life. Changing nutrition care practices requires an understanding of household-level beliefs and practices. In addition, the linkages between sectors (for example, water and sanitation, education, and agriculture) mentioned during the presentation on the Global Action Plan are important. UNICEF has also worked hard to make sure that improved food security is not equated with nutrition security.

UNICEF has focused on new ways of treating severe acute malnutrition and the use of Ready to Use Therapeutic Foods (RUTFs). UNICEF is the largest purchaser of RUTFs. UNICEF purchases in 2003 were around 100 metric tons, and in 2008 were 11,000 metric tons and are expected to be around 15,000 metric tons in 2009. The agency is scaling up this new intervention very quickly.

Ms. Veneman also highlighted the role for new technologies. In addition to RUTFs, UNICEF is experimenting with cell phone technology to get information back from the remotest communities including child weight, indicators for malnutrition early warning systems, and data on severe acute malnutrition (SAM). UNICEF is also piloting a system to track the supply of Ready to Use Therapeutic Foods. By bringing the two pilot activities together, it is possible to track SAM through growth data and match the RUTF supply with it.

Finally, she noted one other issue that had not received mention: the rising level of overnutrition in many low resource countries. A large percentage of the global burden of overweight is in one country, India. Ms. Veneman described the first conversation she had four years ago with the health minister of India in which he asked "What am I going to do about obesity in my country in children?" The double burden of malnutrition must be addressed sooner rather than later. It is not just a developed country problem, and it carries high health and productivity costs later in life.

Ms. Veneman ended with congratulations to the partners attending the meeting: *“I think that nutrition in the last 18 to 24 months has become one of those issues that are squarely on the international agenda today, and I think it’s thanks to all of the work of those around this table.”*

Discussant - *Christopher Delgado, Advisor, Agriculture and Rural Development, World Bank*

Mr. Delgado discussed the potential links between a strategic approach to nutrition and a strategic approach to agriculture.

He explained that when the Bank was developing its response -- with partners -- to the recent global food crisis, it was reminded of the price spikes of the 1970s, and the macroeconomic imbalances which drove volatility and commodity prices. Although there were differences, the food-related vulnerability of people and the need for nutrition-related social protection are common to both times. The 2008 World Development Report on Agriculture showed that 75% of the world’s poor are rural with their livelihoods coming from farming. So the world’s most vulnerable are linked into agriculture, there is clearly a food problem, and nutrition has something to do with all of it.

The Bank’s Global Food Crises Response Program (GFRP) has tried to give governments some options that were broader than those offered in the 1970s, including fast disbursing options that do not involve investments that would make longer term adjustments more difficult. The programs in the ‘70s created a disincentive for the development of small holder agriculture and the livelihoods of many poor people were negatively impacted. Today, we recognize that it is imperative to address the need for safety nets for small farm holders at the same time as planning a large scale approach to small holder farming given the risky, more volatile nature of global markets. There is a strategic link between nutrition and agriculture, particularly in rural areas.

The G20 has requested the World Bank to develop a new trust fund – the new Global Agriculture and Food Security Program. This new trust fund is proposed to have a nutrition component. As the World Bank and partners move forward, it is helpful to have concrete cross-linked parameters that can be tracked for accountability and transparency regarding potential gains from these investments.

Discussant - *Venkatash Mannar, President, Micronutrient Initiative*

“The case for urgent action for nutrition is stronger than it has ever been before.” Mr. Mannar focused on the following issues to move the agenda forward:

- Resources. The GAP is ambitious, but rightly so. We must think about how we make the huge leap from current financing levels to the additional US\$10 billion. Rather than fund vertical programs, it suggests a strategic insertion of several of the interventions within existing health service delivery systems. Working with public and private marketing and distribution channels will also be critical. As the plan moves forward, the cost sharing should be invested systematically. There is a need to leverage resources through other sectors and through the consumer.
- The role of the private sector -- markets in low income countries need to be engaged with the GAP. They have networks, technical expertise, and hands on the ground.
- Capacity building and better monitoring should utilize new technology so the best information can be applied right away.

Session 3: Scaling Up Nutrition: Where do We Go From Here?

Gloria Steele, Acting Assistant Administrator, Global Health, USAID

In response to the question regarding USAID’s plans for addressing malnutrition in the context of increased funding and attention to food security, Ms. Steele highlighted the fact that nutrition is a very important component in two key initiatives of President Obama’s administration: the Global Health and the Food Security

Initiatives. The same staff is working closely together to insure that both programs are integrated and will reach the same goals, including a focus on nutrition. The Food Security Initiative looks at improving availability, access, and consumption of food and both initiatives will give significantly increased resources to nutrition, in line with the focus of the GAP.

Susanna Moorehead, Executive Director, UK, World Bank

Ms. Moorehead reported on the new DFID nutrition evidence paper and noted that it puts nutrition back on the center of the UK's development agenda. *"As development professionals, we dropped the ball. We focused too much on food security defined in terms of imports. And more recently we assumed that economic growth is going to take care of nutrition. The evidence is absolutely overwhelming that it does not. There is a huge wake up call, certainly in the donor community that we need to do more on this, and I would go so far as to say that the prevalence of undernutrition is now a far better indicator of persistent poverty than income per capita."*

She noted that the nutrition community has conducted the research and provided the evidence necessary for moving ahead with delivering effective programs. The job now is to advocate with politicians and civil society to move forward rapidly and take concrete action. *"In terms of the UK, we're advocating building international consensus, coordination, more support, and better coherence for action. The harmonization principals are probably nowhere more important than in nutrition because typically it falls between so many stools. We know that prevention is not just possible but that it's cost effective, particularly if you look at the longer term consequences. We know that direct interventions need to go hand in hand with indirect interventions. We know but are probably less articulate about the fact that political leadership is absolutely critical and is incumbent on all of us both as a bilateral and multilateral capacity to demand of our colleagues in developing countries that they show the political leadership required to make undernutrition unacceptable."* Ms. Moorehead also pointed to the central role of gender inequality as a determinant of undernutrition.

Her final comments underscored the opportunity for the World Bank to play a leadership role. *"...we have a real opportunity to provide leadership in this nutrition agenda, working very closely with our colleagues in the UN and with our bilateral partners. The Bank has a unique comparative advantage in being able to implement a multisectoral approach and it is incumbent on all of us at the Bank to make sure whether we be water and sanitation people or health people or nutrition specialists or Task Team Leaders, VPs and executive directors, we must be sure that this gets into the bloodstream of every relevant lending operation that we do. We need to build on the excellent start made on the Global Action Plan for nutrition and not to be shy in an advocacy role. There is a political moment out there and the Bank should grab it with both hands. We must not lose this opportunity because it will not come around again very soon."*

David Beckmann, President, Bread for the World

David Beckmann offered insights and guidance from the perspective of a civil society organization with a long and successful track record on advocacy for US support to efforts to reduce hunger and malnutrition. He noted his encouragement by the current US administration's interest in, and support of, these issues, including support for implementation of the types of activities covered in the Global Action Plan for Scaling Up Nutrition. While much of the planned US government resources will go to agriculture, there are clear signals that attention will also be paid to nutrition. He advised that because the US will invest in the World Bank's new trust fund, what the Bank does with the fund is critically important, including the need to ensure that nutrition is fully integrated into the plans for the trust fund.

Mr. Beckmann discussed food aid and the shifts in the way that food aid funding is being utilized. In 2008, the US provided two billion dollars in food aid. Over the last few years, charities have shifted from requesting more food aid to requesting that over time, the US needs to invest more in agriculture, and shift half of food aid into local regional purchased food aid. This would allow the use of the funds to focus on undernourished children and their mothers (the window of opportunity) in a more targeted fashion.

He then congratulated the international nutrition community for making progress toward a unified message, and more effective work as a sector. *“A few years ago there was a cacophony about what should be done about nutrition and hungry children, and there were all different kinds of messages coming from international institutions and aid agencies. Through the GAP the [nutrition community] has identified a clear program in language that a politician can use to talk to people about the simple things that can be done to reduce undernutrition among children and their moms. Politically it is very saleable.”*

Mr. Beckmann strongly suggested the need to build a network of advocacy institutions to create and sustain political will to address undernutrition. *“Political will comes from institutions that PUSH. They can build up public, private, and religious institutions, community organizations or networks, and political parties. The way to frame it is a network of PUSH institutions that will push on hunger, food insecurity and nutrition.”*

Vinod Thomas, Director General, Independent Evaluation Group, World Bank

Mr. Thomas discussed the key lessons learned from the work that the IEG has done based on a review of 46 impact evaluations of nutrition programs and projects:

- Huge variation exists in the results of similar programs. Why the difference? The programs are country and context specific. Context matters – and there is no “one size fits all” solution.
- Effectiveness will suffer if the concept of the window of opportunity is not taken on board.
- Evaluation is important, but no one approach is necessary or workable on its own. Mixed methods can be put to use. While not all evaluations have to be randomized control trials, it is important to apply methods with rigor.

Within the framework of evaluation, understanding the interactions and impact of multiple inputs and approaches provides useful guidance for improved effectiveness. Mr. Thomas suggested that seeking clarity about attribution of impact to individual institutions was not a productive use of evaluation methodologies.

In terms of lessons learned about the use of evaluation findings, he made the following points:

- The contextual nature of findings is important where there are binding constraints connecting the interventions to reducing the constraint. Complementary conditions also come into play. Non-nutrition interventions interacting with nutrition interventions may be critical. Findings should be put to use in terms of these linkages that can make nutrition solutions more sustainable.
- Timely and rigorous evaluation is imperative as the Bank scales-up the nutrition agenda.

Closing and Next Steps

Julian Schweitzer, Acting Vice President, Human Development Network, World Bank

Mr. Schweitzer summarized a few take away messages:

- Let’s reaffirm -- the science is understood, we know what needs to be done.
- While there may be shortages in cash and skilled people, countries know what to implement. Donors should take the risk and support country work without a massive process of replanning.
- We have to show results, as there are many issues clamoring for attention.
- We will gain when we link food security with proper nutrition, and nutrition with reproductive health.
- Urgent need to unify the approach around maternal and child health around nutrition. Vertical programs will not suffice. A systems approach is needed.

Graeme Wheeler, Managing Director, World Bank

Mr. Wheeler closed the event by commenting on the extraordinary momentum that has been built up over the past two years, albeit triggered by three deep and interrelated food, fuel, and financial crises. He was struck by the great deal of agreement on many issues; the nature of the challenge; the strong evidence base; the role of impact evaluations; the short and long term impacts of undernutrition; and agreement on undernutrition's contribution to the cycle of poverty through a range of transmission mechanisms. There is also agreement on the development effectiveness on investing in remedies to address undernutrition through integrated multisectoral approaches. The language is clear and consistent, and there is support for the GAP. To get the sort of resonance that was heard at this meeting is striking. How to do it is the key question. Mr. Wheeler also reiterated the concept of "push" institutions that Mr. Beckmann sounded the need for, support from leaders from the south, and the potential role of new technology.

The Bank is deeply committed to nutrition and to making the GAP a top priority.

Meeting Summary

The meeting showcased the commitment from within the Bank to scale-up its investments in nutrition and from many partners for the Global Action Plan for Scaling Up Nutrition and advised that the plan should be completed soon and taken to the G8 and G20 as a major focus area. Investing in the improved nutrition of pregnant women and children from birth to 24 months will help to address the health and education MDGs and it will also help buffer countries from future economic and other shocks.

It was agreed that, as nutrition programming goes to scale,

- linkages with projects that support health systems strengthening, food security investments and social safety nets, as well as with the larger poverty reduction agenda must be strengthened;
- effective partnering with the private sector and with CSOs is crucial; and
- nutrition programs must ensure consistency with the Paris and Accra declarations on aid-effectiveness, especially mutual accountability.

There was clear advice from all partners that the Bank's new food security trust fund (GAFSP) must include a special focus on nutrition to avoid the possibility of falling short of its objectives.

A complete broadcast of the event is available at:

[Part one](#)

[Part two](#)

Annex 1 List of Participants

Name	Organization
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Doyin Oluwole	AED
Kathy Kurz	AED
Luann Martin	AED
Margaret Parlato	AED
Ange Tingbo	Africare
Tanvi Monga	Africare
Richard Ham	BBH
Deb Derrick	BMGF
Prabhu Pingali	BMGF
David Beckmann	Bread for the World
Alan Berg	Brookings
Adama Traore	Burkina Faso
Sylvestre Tapsoba	Burkina Faso
Zacharie Balima	Burkina Faso
Margaret Zeigler	Congressional Hunger Center
Richard Bumgarner	Consultant
Susan Horton	Consultant
Karen Leban	Core Group
Vlassia Vassikeri	EC EUROPA
Kevin Anderson	Friends of World Food Program
Bruce Cogill	GAIN

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Kaia Lenhart	GMMB
Katrine Pritchard	GMMB
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Joseline Marhone Pierre	Haiti
Howdy Bouis	Harvest Plus Program
Vicki Quinn	HKI
Meri Helleranta	IADB
Marie Ruel	IFPRI
Jane Nelson	International Business Leaders Forum
Uchida Atsushi	JICA
Gabriela Prudencio	Mercy Corps
Venkatesh Mannar	MI
Davidson Porter	MI
Evelyne Guindon	MI
Mark Fryars	MI
Bob Moore	MI Board member
Kul Chandra Gautam	MI board member
Emi MacLean	MSF
Rabindra Prasad Panuhar	Nepal
Raj Kumar Pokharel	Nepal
Umakant Chaudhary	Nepal

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Bryan Callahan	Ogilvy
Ruben Grajeda	PAHO
Denise Lionetti	PATH
Rae Galloway	PATH
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Beth McClure	RTI International
Jennifer Rigg	SAVE THE CHILDREN
Abdoulaye Ka	Senegal
Ndeye Khady Diop	Senegal
Marcia Griffiths	The Manoff Group
Ann Veneman	UNICEF
Saad Houry	UNICEF
Werner Shultink	UNICEF
Biram Ndiaye	UNICEF Burkina Faso
Gloria Steele	USAID
Emily Wainwright	USAID
Eunyong Chung	USAID
Frances Davidson	USAID
Laura Birx	USAID
Malia Boggs	USAID
Catherine Feeney	WFP
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Darren Dorkin

Alessandra Marini

Dinesh Nair

Amber Willink

Eiji Kozuka

Andre Medici

Eileen Brainne Sullivan

Andy Chi Tembon

Eva Jarawan

Anita Ambroise

Finn Schleimann

Anne Marie Bodo

Gideon Maor Shavit

Aude De Amorim

Graeme Wheeler

Bruno Laporte

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Michal Rutkowski

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Monique Vledder

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