

Re-Positioning Nutrition

Human Development Network

World Bank
January 2006



Three key Issues

- Why reducing malnutrition is essential to poverty reduction?
- Is malnutrition a BIG problem?
- How can we improve nutrition?



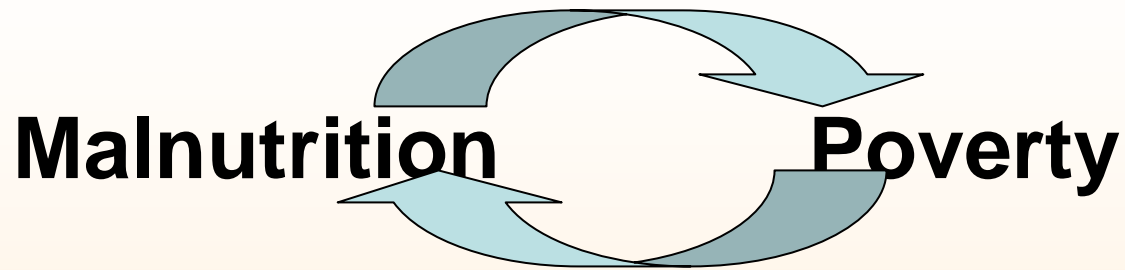
Reducing Malnutrition is essential to poverty reduction

Nutrition

- Not just a welfare issue
- Nor is it primarily a food or a consumption issue

**Improved nutrition is one of the drivers
of economic growth**





- GDP losses \geq 2-3%
- Leads to a $>10\%$ potential reduction in lifetime earnings for each malnourished individual
- Malnutrition (stunting) in early years linked to a
 - 4.6 cm loss of height in adolescence
 - 0.7 grades loss of schooling
 - 7 month delay in starting school

(Improved nutrition can be a driver of growth)



MDG 1- “Eradicate extreme poverty and hunger”

- **Targets:** Halve between 1990 and 2015
 - Proportion of people income is <1\$/day (income poverty)
 - Proportion of people who suffer from hunger (non-income poverty)
- **Indicators for “hunger” (non-income poverty) target:**
 - Prevalence of under-weight children (<5 yrs) ←
 - Proportion of population below minimum level of dietary energy consumption
- *Most reviews to-date have focused on income-poverty target – and the diagnosis is: “poverty goal on track”!!!*



Progress on non-income poverty (nutrition MDG)

On track (34/143=24%)

AFR (7)	EAP (5)	LAC (10)	MNA (6)
Angola	China	Bolivia	Algeria
Benin	Indonesia	Chile	Egypt
Botswana	Malaysia	Colombia	Iran
Chad	Thailand	Dominican Rep	Jordan
Gambia	Vietnam	Guyana	Syrian Arab Rep
Mauritania		Haiti	Tunisia
Zimbabwe**	ECA (6)	Jamaica	SAR (0)
	Armenia	Mexico	
	Croatia	Peru	
	Kazakhstan	Venezuela	
	Kyrgyz Rep		
	Romania		
	Turkey		

Some improvement, but not on track (26/143=18%)

AFR (14)	EAP (3)	LAC (4)	MNA (1)
CAR	Cambodia	El Salvador	Morocco
Congo, DR	Lao, PDR	Guatemala	
Côte d'Ivoire	Philippines	Honduras	SAR (4)
Eritrea		Nicaragua	Bangladesh*
Gabon	ECA (0)		India
Ghana			Pakistan
Kenya			Sri Lanka
Madagascar			
Malawi			
Mozambique			
Nigeria			
Rwanda			
Sierra Leone			
Uganda			

Deteriorating status (26/143=18%)

AFR (13)	EAP (2)	LAC (3)	SAR (2)
Niger	Mongolia	Argentina	Maldives
Burkina Faso	Myanmar	Costa Rica	Nepal
Cameroon		Panama	
Comoros	ECA (4)	MNA (2)	
Ethiopia	Albania	Iraq	
Guinea	Azerbaijan	Yemen, Rep	
Lesotho	Russian Federation		
Mali	Serbia & Montenegro		
Senegal *			
Sudan			
Tanzania*			
Togo			
Zambia			

No trend data available (57/143=40%)

AFR (13)	EAP (11)	ECA (17)	LAC (12)
Burundi	Fiji	Belarus	Belize
Cape Verde	Kiribati	Bosnia-	Brazil
Congo, R	Marshall Islands	Herzegovina	Dominica
Equatorial Guinea	Micronesia, FS	Bulgaria	Ecuador
Guinea-Bissau	Palau	Czech Republic	Grenada
Liberia	Papua New Guinea	Estonia	Paraguay
Mauritius	Samoa	Georgia	St. Kitts & Nevis
Namibia	Solomon Islands	Hungary	St. Lucia
São Tomé & Príncipe	Timor-Leste	Latvia	St. Vincent & the Grenadines
Seychelles	Tonga	Lithuania	Suriname
Somalia	Vanuatu	Macedonia, FYR	Trinidad & Tobago
South Africa		Moldova	Uruguay
Swazil&		Poland	
		Slovak Republic	
		Tajikistan	
		Turkmenistan	
		Ukraine	MNA (2)
		Uzbekistan	Djibouti
			Lebanon
			SAR (2)
			Afghanistan
			Bhutan



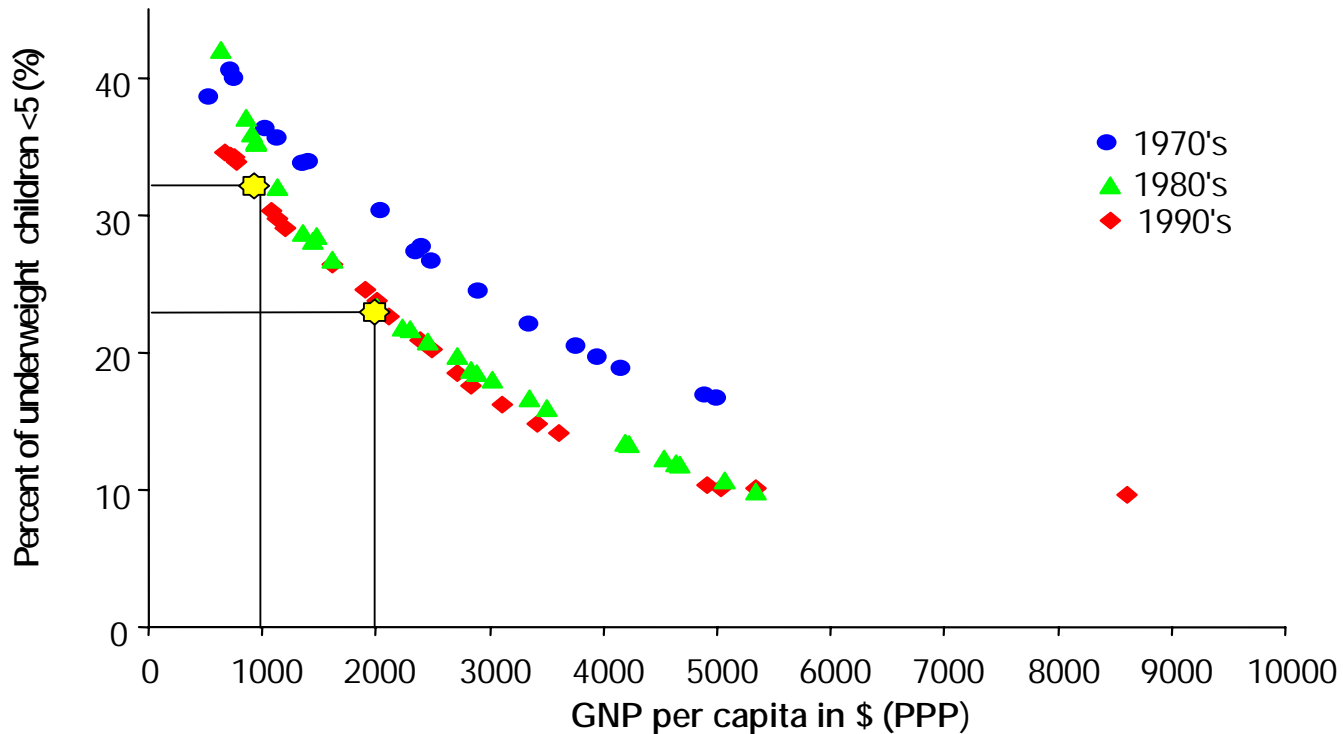
Reducing Malnutrition is essential to poverty reduction

- **Nutrition represents the non-income face of poverty...**
- **And the world is NOT on track vis a vis this goal**



The income-malnutrition relationship

The trickle-down effect is modest...



Income growth will improve nutrition, but at a slow rate that will not be sufficient to achieve the MDGs



If we were to wait for income growth alone to achieve the nutrition MDG:

- India will likely achieve the MDG in 2035
- Tanzania will achieve it in 2065

Data Source: World Bank (2006)



Reducing Malnutrition is essential to poverty reduction

Nutrition and poverty...

India: Percent of children under 5 that are malnourished (by income quintiles)

Income Quintiles	% Under-weight children (weight-for-age below -2 SD)	% children anemic (HB $<$ 11 g/dl)
Lowest	60.7	78.8
Second	54.0	79.0
Middle	49.2	75.1
Fourth	38.9	72.3
Highest	26.4	63.9

Malnutrition affects the poorest most, & by targeting malnutrition we target the poor; but, it also affects the non-poor...



Source: Gwatkin et al. 2003



The Copenhagen Consensus ranks the provision of micronutrients as a top investment...

Above trade liberalization, malaria, water/sanitation...

Rating	Challenge	Opportunity
Very Good	1. Diseases	Control of HIV/AIDS
	2. Malnutrition and hunger	Providing micronutrients
	3. Subsidies and Trade	Trade liberalization
	4. Diseases	Control of malaria
Good	5. Malnutrition and hunger	New agricultural technologies
	6. Sanitation and Water	Small-scale water technologies
	7. Sanitation and Water	Community-managed systems
	8. Sanitation and Water	Research on water in agriculture
	9. Government	Lowering cost of new business
Fair	10. Migration	Lowering barriers to migration
	11. Malnutrition and hunger	Improving infant/child malnutrition
	12. Diseases	Scaling up basic health services
	13. Malnutrition and hunger	Reducing the prevalence of low birth weight
Poor	14-17 Climate/Migration	Various

...**Nutrition interventions are cost-effective “best buys”**...



Source: Bhagwati et al. (2004)



The scale of the nutrition problem is very large and extensive...

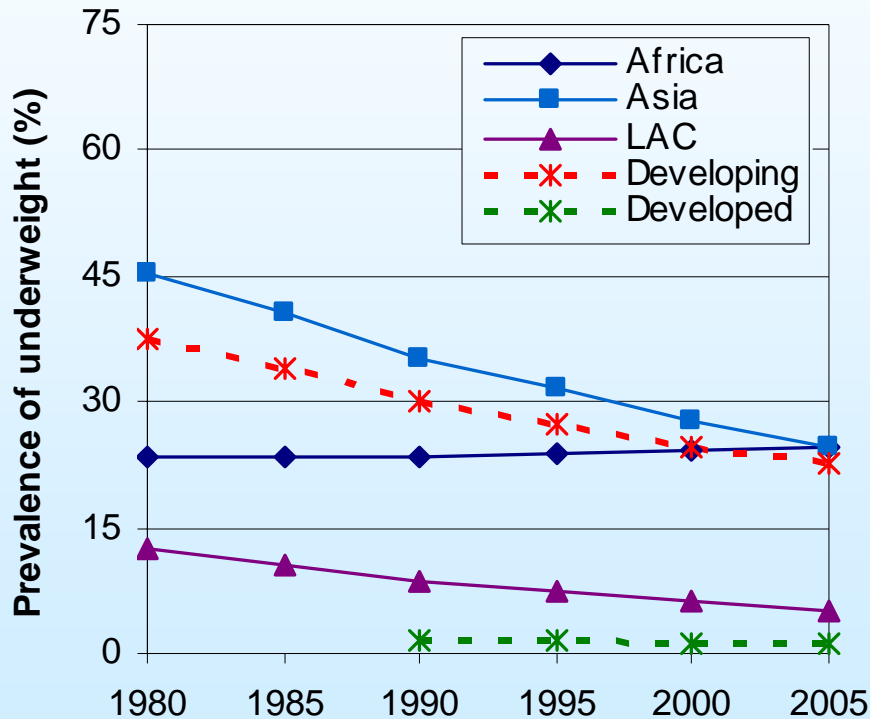


Global trends in underweight

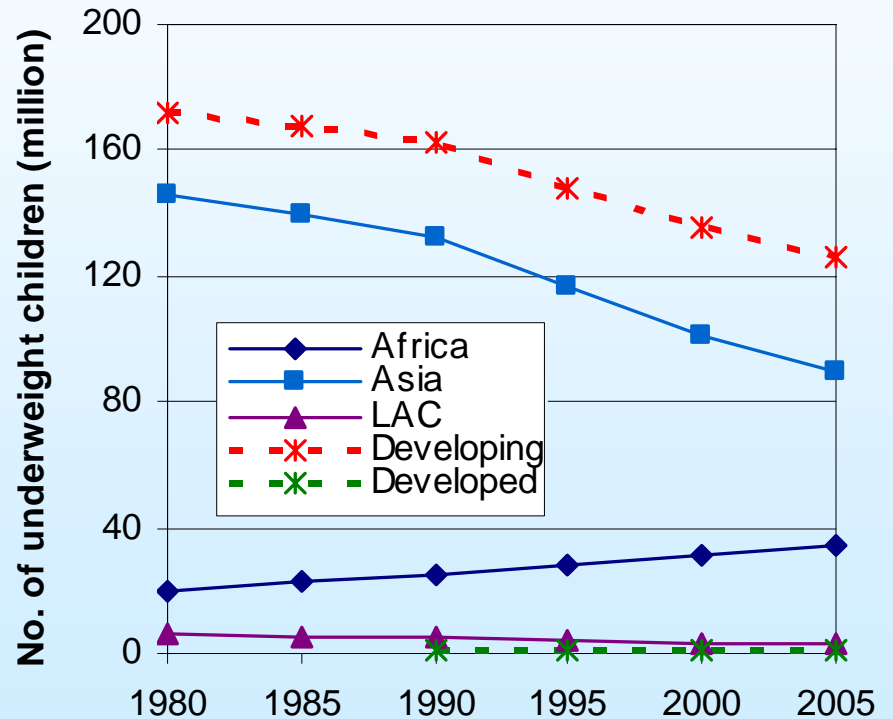
(Children 0-4 Years)

1980-2005

Rates of Under-nutrition



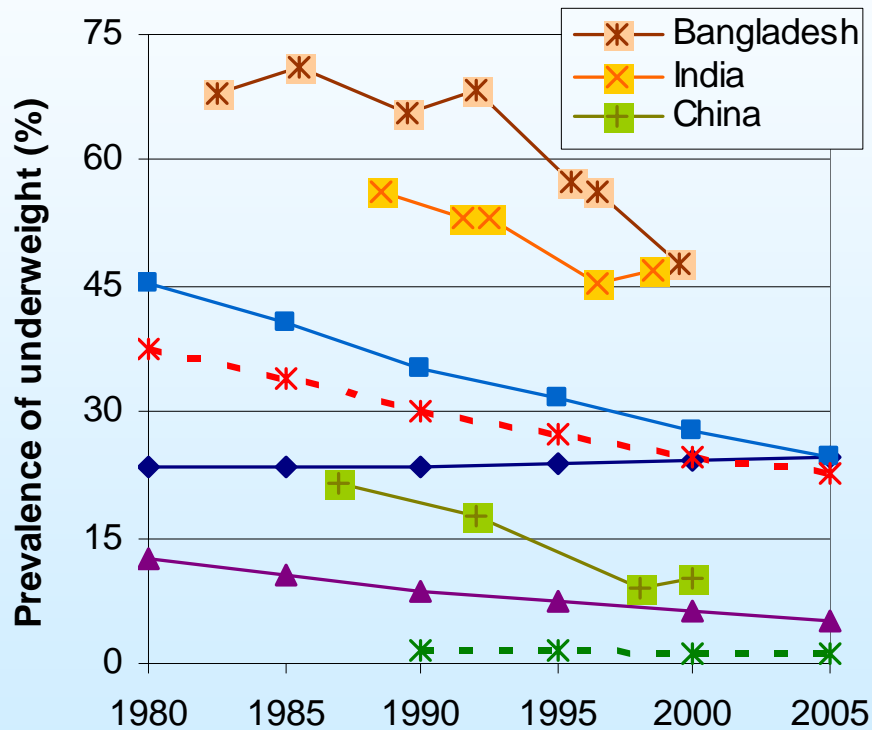
Numbers of underweight children



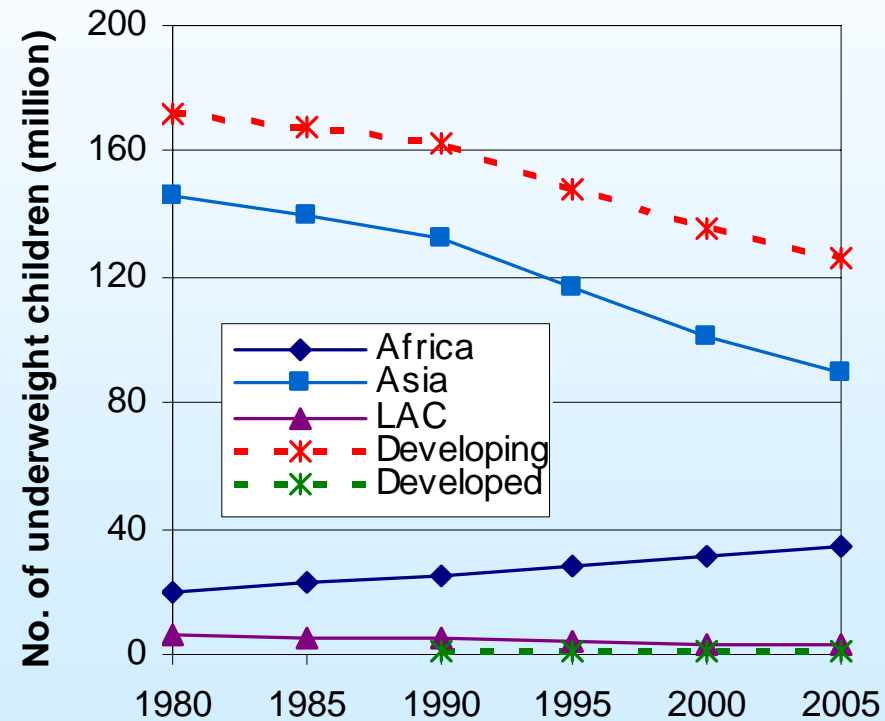
Global trends in underweight

(Children 0-4 Years)

Rates of Under-nutrition 1980-2005



Numbers of underweight children



Data Source: de Onis et al (2004)



The problem is large and extensive

SEVERITY OF MALNUTRITION: % UNDERWEIGHT CHILDREN <5 YEARS OF AGE

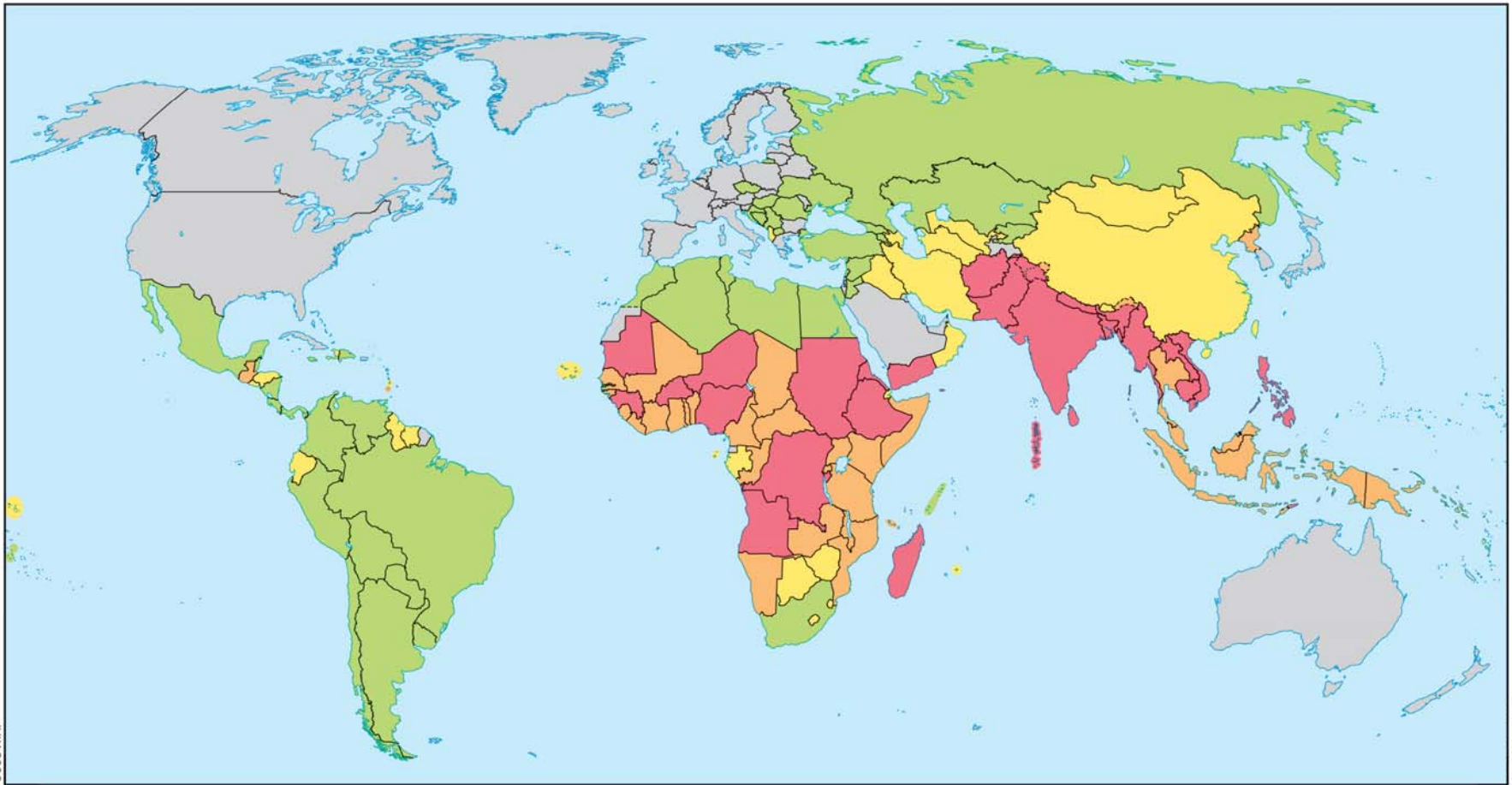
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Data source: WHO Global Database on Child Growth and Malnutrition.

PREVALENCE OF UNDERWEIGHT IN CHILDREN
LESS THAN 5 YEARS OF AGE:

- VERY HIGH ($\geq 30\%$)
- HIGH (20-29%)
- MEDIUM (10-19%)
- LOW ($< 10\%$)
- NO DATA

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IBRD 34045



The problem is large and extensive

SEVERITY OF MALNUTRITION: % STUNTED CHILDREN <5 YEARS OF AGE

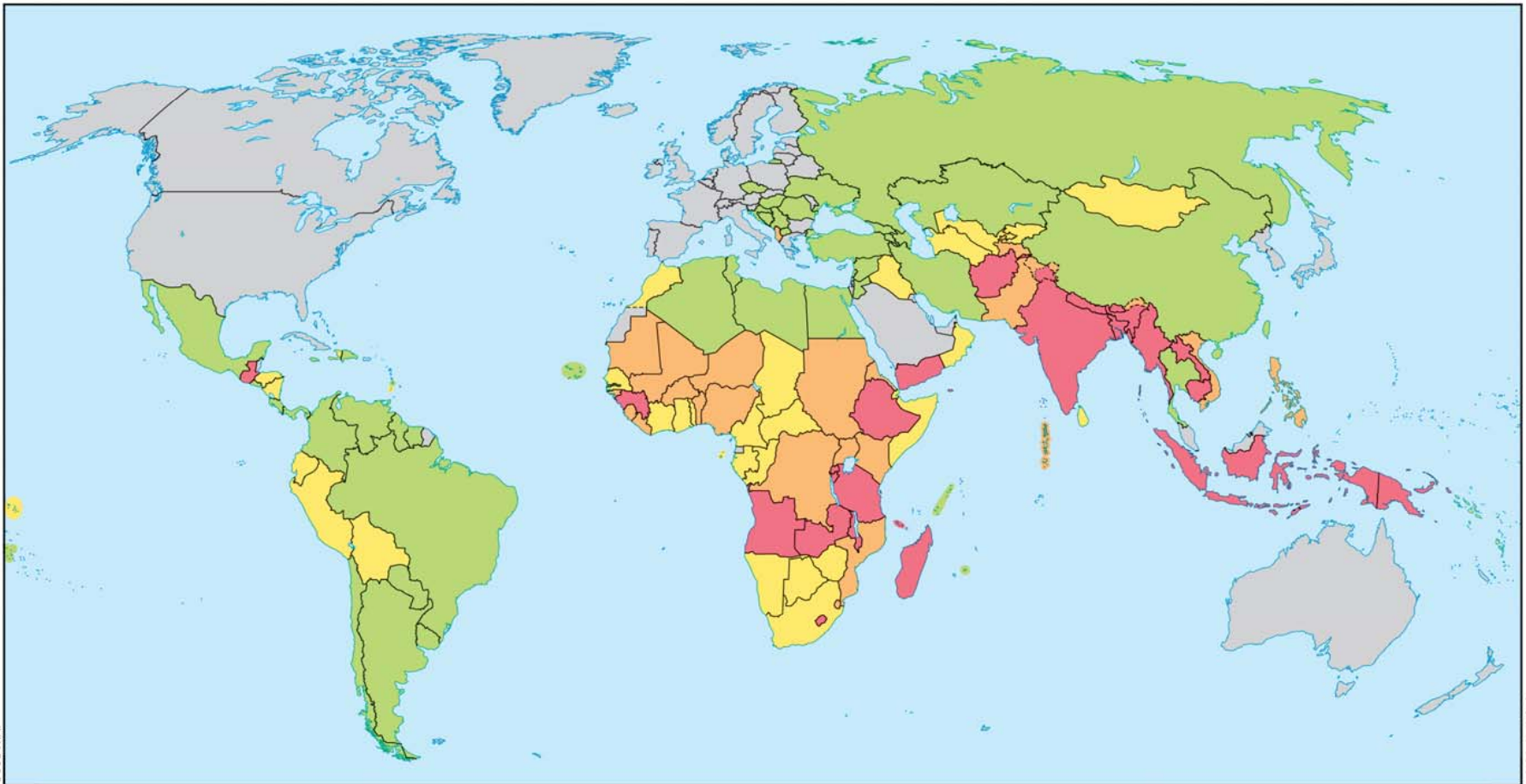
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PREVALENCE OF STUNTING IN CHILDREN
LESS THAN 5 YEARS OF AGE:

-  VERY HIGH (>40%)
-  HIGH (30-39%)
-  MEDIUM (20-29%)
-  LOW (<20%)
-  NO DATA

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The problem is large and extensive

IODINE DEFICIENCY DISORDERS AND IODIZED SALT CONSUMPTION RATES

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Data source: Vitamin and Mineral Deficiency, UNICEF/MI, 2004.

TOTAL GOITRE RATE:

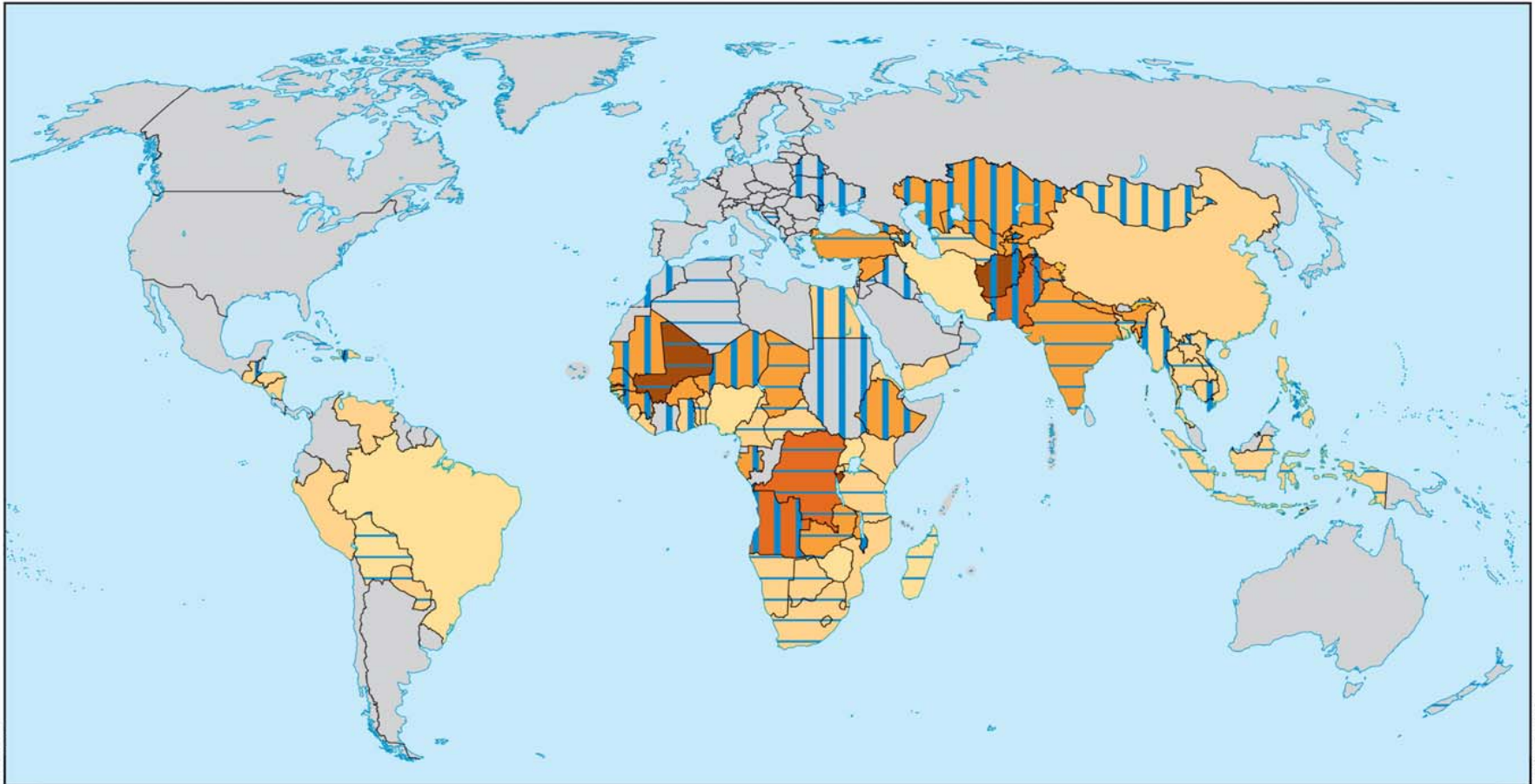


Cutoff for moderate public health problem when total goitre rate > 20%

PERCENTAGE OF HOUSEHOLDS CONSUMING IODIZED SALT (1998-2002):



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JUNE 2005

BRD 34047



The problem is large and extensive

VITAMIN A DEFICIENCY AND SUPPLEMENTATION COVERAGE

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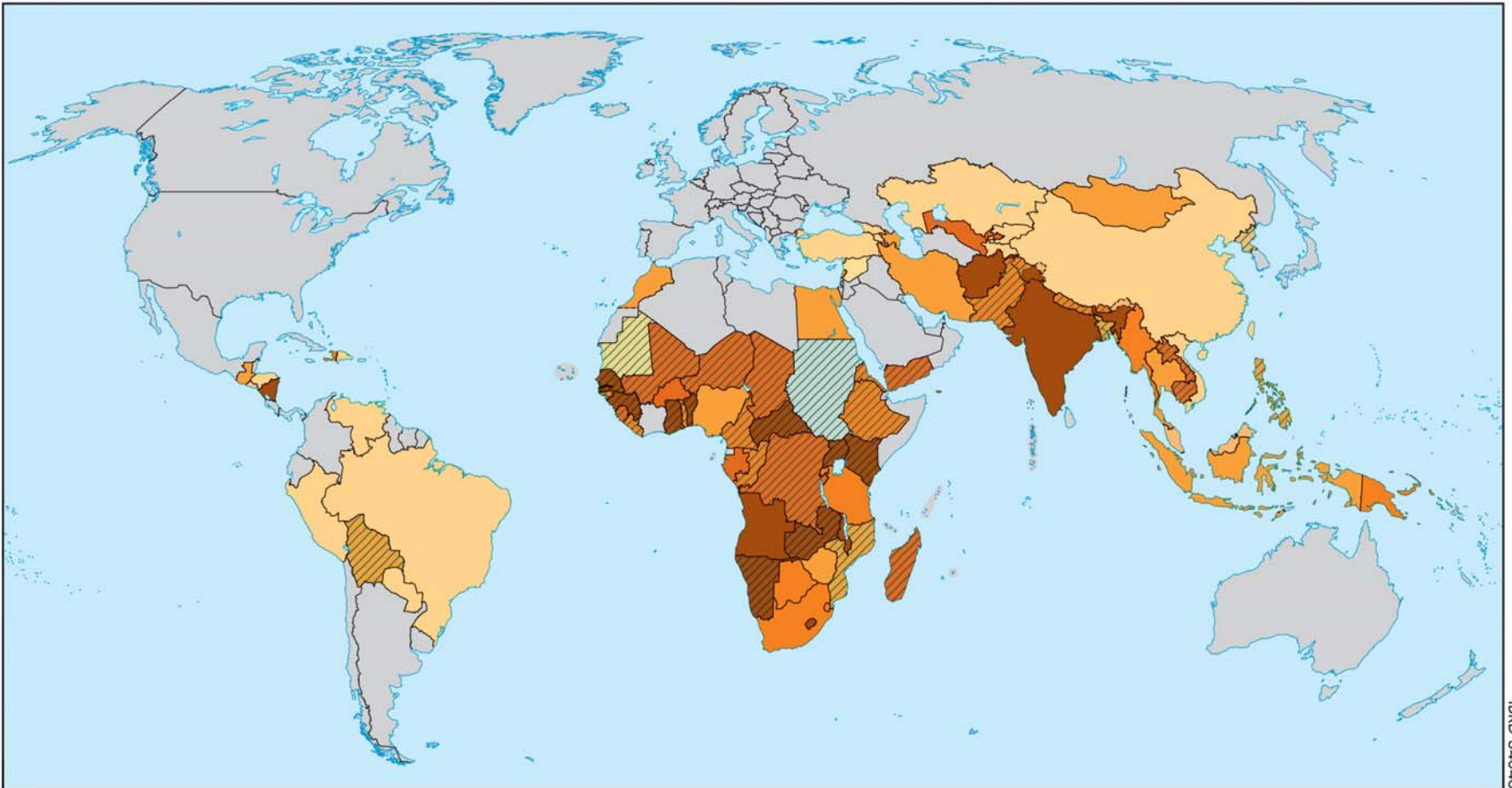
ESTIMATED PERCENTAGE OF CHILDREN UNDER 6 WITH SUB-CLINICAL VITAMIN A DEFICIENCY:



Cutoff for moderate public health problem when percentage of children under 6 with sub-clinical vitamin A deficiency > 10%

 SUPPLEMENTATION COVERAGE RATE ABOVE 70% IN 1999

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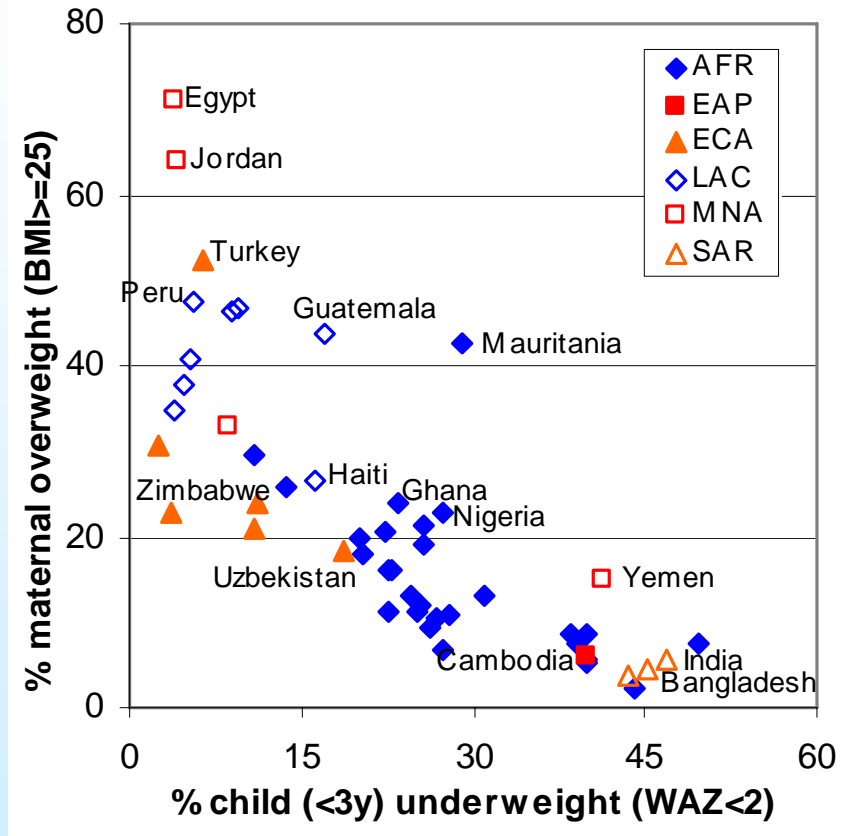
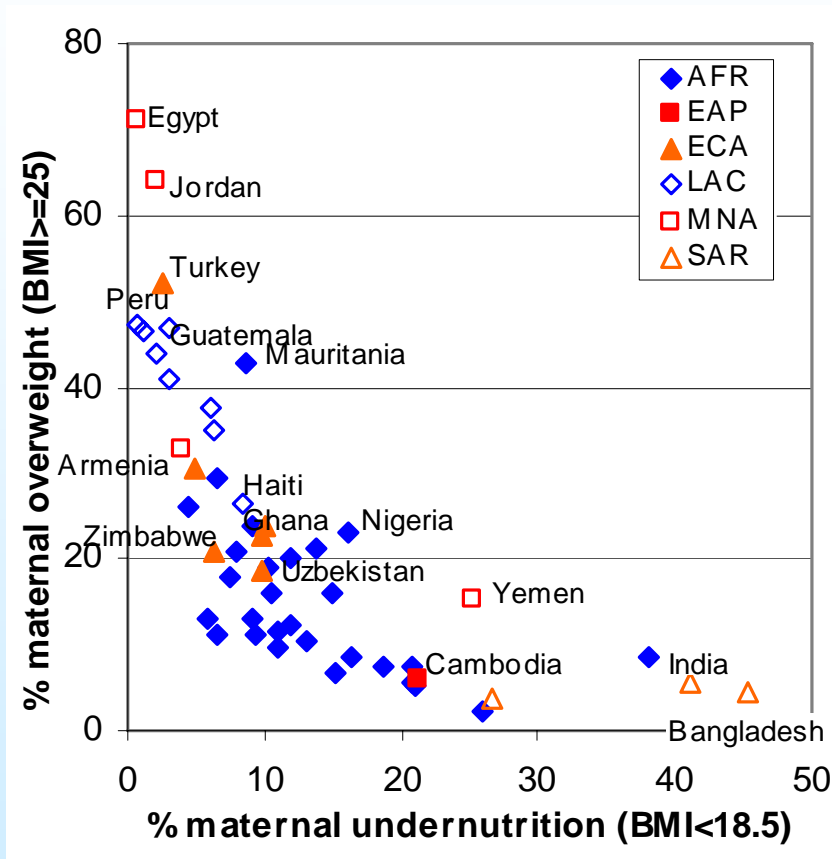
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The problem is large and extensive

Maternal Overweight Rates



Under-nutrition often co-exists with over-weight... (both are forms of malnutrition)



Data Source: Measure DHS com; Author's calculations



In Mauritania, when it comes to women, for many people fat is beautiful. Here in this desert country, where poverty and malnutrition affect many, **obesity is seen as a badge of wealth and prestige.**

Disabled by obesity. Some young women affected suffer from conditions such as early diabetes, heart disease, gallstones and arthritis, which may immobilise and eventually kill them. The **obsession of some Mauritians with female obesity** is continuing to cripple a small but extremely vulnerable sector of its society.



Source: BBC, 2005

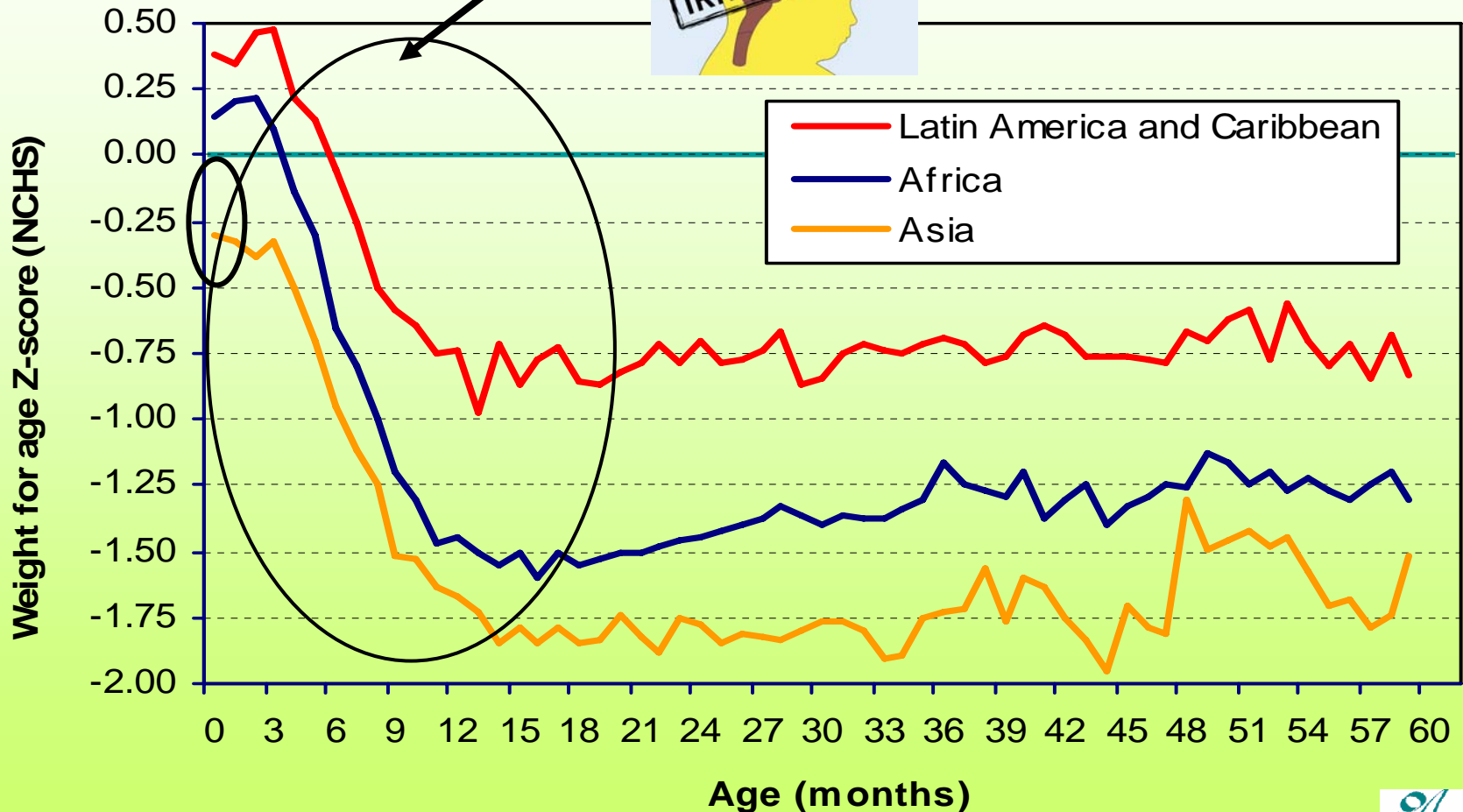


How can we improve nutrition?



How can we improve nutrition?

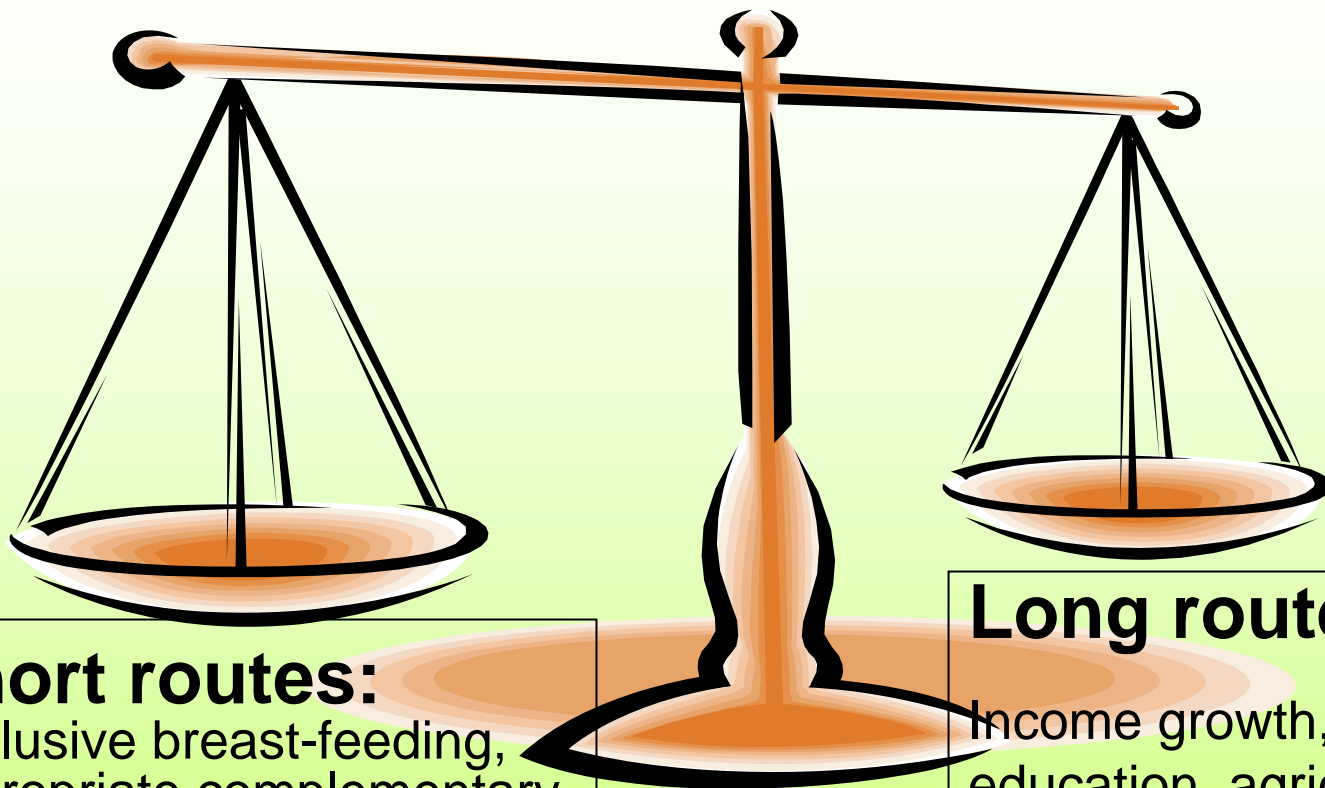
The “**Window of Opportunity**” for Improving Nutrition is very small...pre-pregnancy until 18-24 months of age



Data Source: Shrimpton et al (2001)



How Can we Improve Nutrition?



Short routes:

Exclusive breast-feeding, appropriate complementary feeding, ante-natal care for mothers,... (*Knowledge, behavior change/demand side interventions*); gender interventions, micronutrient supplementation & fortification

Long routes:

Income growth, women's education, agriculture and food production interventions, trade policies, macro-economic policies...



How can we improve nutrition?

Consensus on many issues... One size does not fit all!

- Focus on poor to address non-income aspects of poverty (=nutrition)
- Focus investments on “window of opportunity” (pre-pregnancy to 2 years)
- Invest in micronutrients (where appropriate)
- Balance between long and short route (supply and demand-side)
- Invest in strengthening capacity and commitment



How can we improve nutrition?

The Bank is the largest investor in nutrition globally

But, Current commitments to nutrition* are modest (April 2005)

	AFR	EAP	ECA	LAC	MNA	SAR	Total m\$	Total # Investments
ED	12			17	7		35	4
RDV	47	11					58	5
SP	22					2	24	3
TR	141						141	2
<i>HNP</i>	<i>80</i>	<i>12</i>	<i>7</i>	<i>39</i>	<i>25</i>	<i>242</i>	<i>404</i>	<i>22</i>
Total	301	23	7	55	32	244	662	36

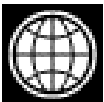
This is 3.8% of HD theme, 0.7% of Bank-wide lending;

*Includes food security



Three key Issues

- Reducing malnutrition is essential to poverty reduction and economic growth
- Malnutrition is a BIG problem
 - Big in Africa
 - BIGGER in South Asia
 - Not insignificant in SE Asia, LAC, ECA or MENA
- We know how to improve nutrition – and it has been done at scale in some countries



How can we improve nutrition?

We must scale-up!

where we have evidence and consensus

- **Countries must take the lead**
- **Development partners must provide sustained support for building commitment and capacity**
- **NGO partners: Continue to build country capacities and provide best-practice models**
- **Research agencies: strengthen M&E so we can continue to learn collectively**

None can do it alone (and certainly NOT the Bank!)

The greatest challenge to scaling up nutrition is sustained country (and donor) commitment and capacity



Next step: Scale-up!

For a start, identify and support collectively:

- 5 - 10 high burden countries that show some **commitment** (Projects, Technical support, SWAps, PRSCs, Budget Support, Buy-downs....)
- 3 - 5 high burden countries wherein **commitment (and capacity)** is low
- 3 - 5 countries where large scale investments need some re-orientation

