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The U.S. Contribution to Ending Global Malnutrition

by Jordan Teague



Joseph Molteni/Bread for the World

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“Nutrition is the biggest missed opportunity in global health.”

—Bill Gates, The Bill & Melinda Gates Foundation.

SUMMARY AND HIGHLIGHTS

We have a new opportunity in 2017 to speed up global progress against malnutrition among pregnant women and young children. Worldwide, maternal and child malnutrition causes millions of deaths each year. In some countries, it holds entire generations back from reaching their economic potential. The United States has been critical to global nutrition efforts for decades. We must continue to be a leader and honor our commitments. Losing U.S. momentum now would stall global progress, putting current and future generations in unnecessary danger of death or lifelong disability.

- Helping countries end maternal and child malnutrition is in the U.S. national and strategic interest.
- Now is the time to act in order to accelerate progress quickly enough to end malnutrition by 2030.

While the trends show progress on maternal and child nutrition, the continuation of progress is vulnerable if the U.S. government steps back.

- Congressional leadership is critical to ensuring that the United States keeps its commitments, supporting country-led efforts to improve nutrition among mothers and their young children.

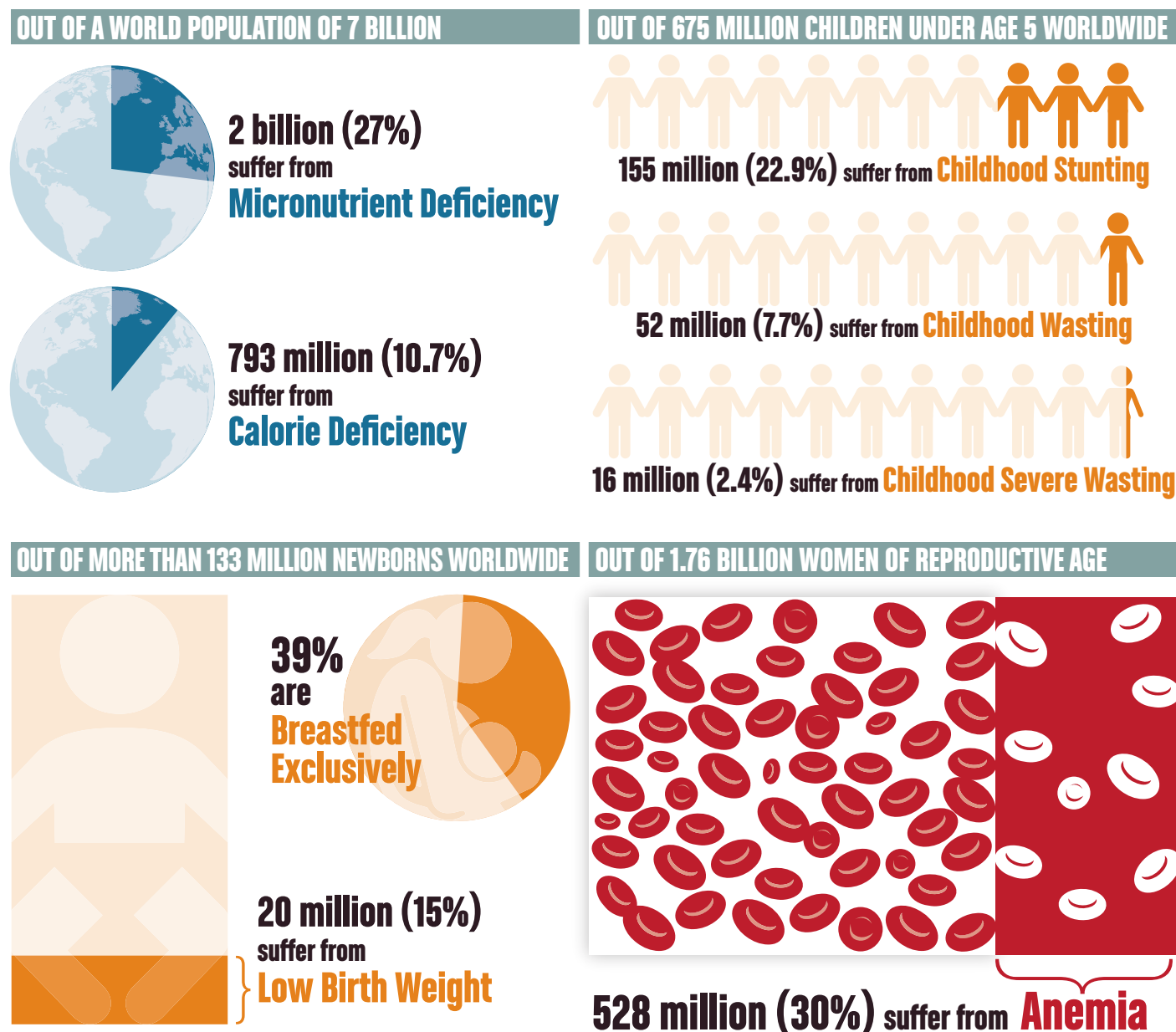
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Introduction

The world has made significant progress in this century, steadily reducing hunger and malnutrition. In 2000, approximately 198 million children under 5 were stunted as a result of chronic malnutrition in early childhood. In 2016, that number had dropped to 155 million children, even though the global population had increased. The global development community has been aware of the problem of maternal and child malnutrition for decades, but global health and global development efforts have identified it as an urgent, top-priority problem only within the last several years.

Maternal and child malnutrition has significant impacts, not only on the individuals who suffer from it, but on overall global health. Nearly half of all preventable child deaths are linked to malnutrition—a staggering 45 percent.¹ Improved breastfeeding practices have the potential to save more than 820,000 lives each year.² Those who survive early childhood malnutrition are more vulnerable to illnesses such as diarrhea and pneumonia and even have more health problems as adults. Malnutrition also contributes heavily to preventable deaths among women. One in every five deaths during pregnancy and childbirth is caused by malnutrition in the form of anemia.³

FIGURE 1: How Common is Malnutrition?



Source: Global Nutrition Report 2016 & Joint Child Malnutrition Estimates 2016

Even beyond its impact on preventable deaths and on the health of individuals, malnutrition is a significant drain on efforts to respond to other high-priority problems. Chronic maternal and child malnutrition, particularly during the 1,000-day window between pregnancy and the child's second birthday, is revealed in a very visible way: stunting. Stunting means that a child is far too short for his age, but it also puts its victims at risk of poorer lifelong health and disrupted cognitive development.

Malnutrition stunts a child's future, not just her body. It has effects at individual, national, and global levels. A stunted child is more likely to have a limited ability to grow, learn, and earn a living throughout life. Stunting harms children's ability to become self-reliant and lift themselves out of poverty. Longitudinal research shows that individuals who were well-nourished as young children earn up to 46 percent more money in their lifetimes than those who are stunted.⁴

The national impacts are profound. In Guatemala, for instance, approximately 48 percent of children under 5 years old are stunted.⁵ When nearly half of each generation faces a barrier so potentially devastating in its consequences, it is not surprising if the nation itself cannot meet ambitious economic development goals. Although once primarily the concern of the Ministry of Health, malnutrition has begun to capture the attention of countries' economic planners.

An international group of acknowledged specialists in development economics⁶, the Copenhagen Consensus, has identified maternal/child nutrition as the most cost-effective investment in global development. Many nutrition investments are inexpensive and yet yield significant returns. Overall, every dollar invested in nutrition produces an increase of at least \$16 in economic returns. These come from the combination of increased productivity in the workforce, and lower healthcare costs since well-nourished people are less likely to become ill.⁷

Inattention to nutrition is currently forcing high-burden countries and donors to consume resources that they could use more productively elsewhere. Malnutrition costs countries in sub-Saharan Africa and South Asia an average of 11 percent to 12 percent of their gross domestic product (GDP) each year.⁸ A study of 15 African countries showed that reducing stunting by 40 percent over the next few years, by 2025, would add \$83 billion to their national incomes.⁹ Effective yet inexpensive interventions make a huge difference. For example, improved breastfeeding practices could help low- and middle-income countries recoup the more than \$70 billion annually that low breastfeeding rates cost their economies.¹⁰ Such interventions show that preventing malnutrition is one of the most cost-effective ways to break the generational cycle of poverty.

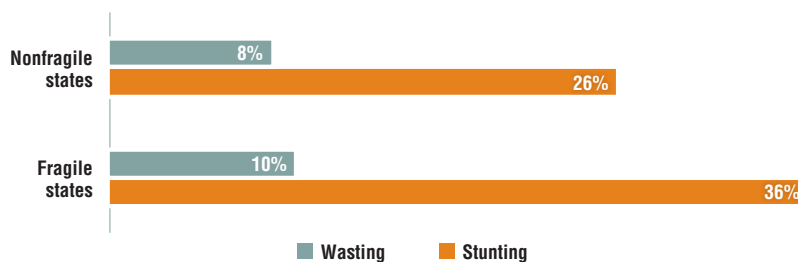
While the progress made in the last few years is good news, the need to make maternal and child nutrition an even higher priority is becoming ever more urgent. Although the majority of malnourished children live outside areas that are receiving humanitarian relief, children who are living in those contexts—including fragile states, conflict-affected areas, and humanitarian crises—are at higher risk of malnutrition, particularly stunting and wasting (underweight, or weight that is far too low for a child's height).¹¹

The world is facing an unprecedented number of crises, affecting more people than at any time since World War II. Conflicts and climate change are driving mass migration and causing hunger emergencies, including famine. More children are at risk of malnutrition and thus in need of prevention and treatment services.

When people are displaced from their homes and farms, it is difficult or impossible for them to meet their family's nutritional needs. The average duration of humanitarian crises is increasing—the average length of stay in camps for internally-displaced people is now 17 years.

“For every \$1 invested in nutrition, there is at least \$16 in economic return.”

FIGURE 2: **Stunting and Wasting Rates in Fragile and Nonfragile States**



Source: International Food Policy Research Institute (2016), *Global Nutrition Report 2016: From Promise to Impact: Ending Malnutrition by 2030*.

Along with more people living in internally-displaced or refugee settings for longer time periods come increasing needs for nutritional support. While these situations are of course difficult for all family members, the most critical nutritional needs are those of pregnant women and very young children. Malnutrition can quickly cause death in children under 2. Those who survive malnutrition during the 1,000-day window between pregnancy and age 2 are likely to suffer lifelong, irreversible damage to their health, growth, and development. Pregnant women, babies, and toddlers cannot wait for humanitarian efforts that are well intentioned but slow.

“Investing now in nutrition will save both lives and money in the long run.”

Societies where pregnant women are well nourished and give birth to healthy infants are more stable and productive. Not only the countries themselves, but the United States and other industrialized countries, can benefit from strengthening maternal and child malnutrition. The U.S. Agency for International Development (USAID) notes that optimal nutrition is essential to ending extreme poverty and to ensuring the national security and well-being of the United States.¹²

Countries that are economically better off, with a more productive work force, are better able to provide for their own citizens, participate in the global economy, and eventually become U.S. trading partners. Conversely, a malnourished population and the weak economy associated with it can undermine the stability of nations and even entire regions. This carries consequences for the security of the United States as well as for the individuals and communities that are more directly affected.

International Affairs Funding is Critical to Keeping the United States Safe

In February 2017, more than 120 retired three- and four-star generals sent a letter to congressional leaders in both the House and Senate, urging them to protect the International Affairs budget from the steep cuts that have been proposed. As the generals noted in their letter, “The State Department, USAID, Millennium Challenge Corporation, Peace Corps, and other development agencies are critical to preventing conflict and reducing the need to put our men and women in uniform in harm’s way.”¹³ Improved nutrition plays a central role in promoting healthy and stable societies and, in turn, countries that are less vulnerable. It is the most cost-effective investment opportunity in international development—a smart, forward-looking investment that will both improve the lives of the world’s most vulnerable people and keep our country safer.

The benefits of improved maternal and child nutrition will extend to subsequent generations—as long as stakeholders make consistent efforts to maintain the gains. Now is not the time to back off in the fight against malnutrition, because investing now will save both lives and money in the long term. Investing in nutrition will help prevent future crises that are far more costly—up to and including famine, the worst-case scenario—even setting aside for a moment the costs in human suffering, death, and grief that accompany hunger emergencies.

Putting Evidence into Action

Two series on maternal/child nutrition published by the renowned British medical journal *The Lancet* have been game-changers in the field of global nutrition.¹⁴ The studies in these series, which appeared in 2008 and 2013, brought to light the lasting and irreversible impacts of malnutrition that occurs during the “1,000 Days” window between pregnancy and age 2.

The *Lancet* series were and are influential because they identified a target population (pregnant women and children in the 1,000-day window), a group of priority countries (those with a high burden of maternal and child malnutrition), and a set of nutrition-specific interventions that have been proven effective. The series effectively vaulted maternal and child nutrition into the awareness of the international community. They set out a clear path forward to preventing permanent damage from malnutrition among young children.

Key Definitions

Nutrition-specific: activities that directly address the immediate causes of undernutrition (inadequate dietary intake, and disease or poor health status)

Nutrition-sensitive: activities that address the underlying causes of undernutrition (household food insecurity, inadequate care and feeding practices, unhealthy household environments, and inadequate health services)

In the years that followed, economic evidence that malnutrition is a global development problem began to emerge as well. In 2012, the Copenhagen Consensus (the panel of economic experts mentioned earlier) assessed the costs and benefits of 39 international development programs. Reducing undernutrition in children was named the most cost-effective intervention.¹⁵

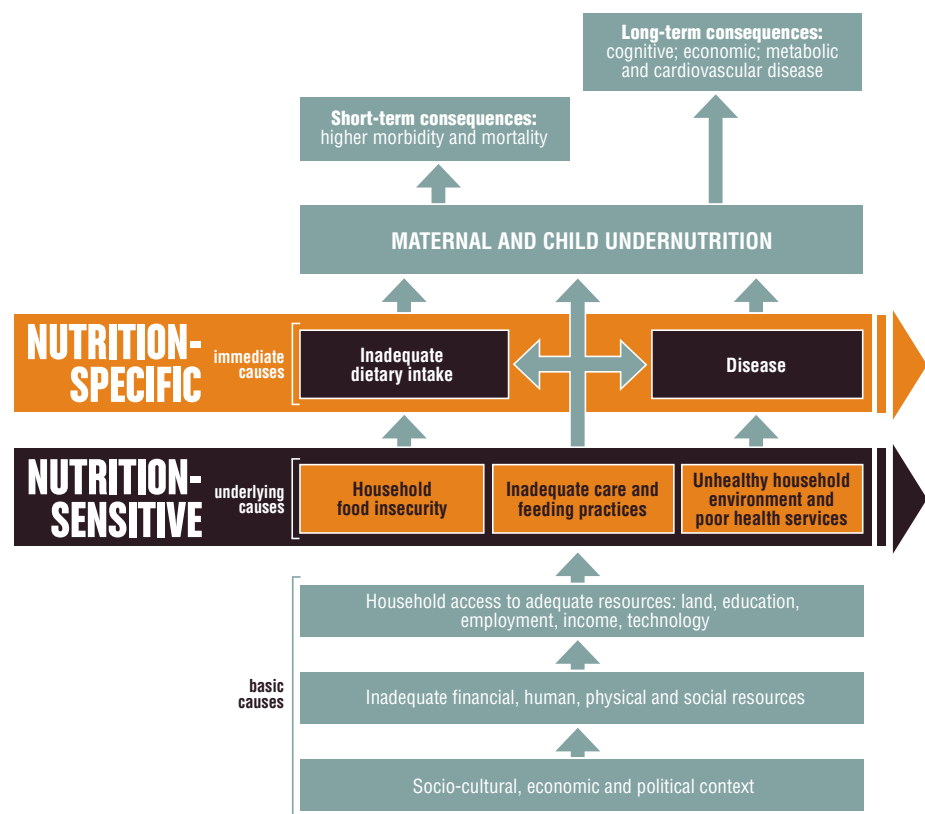
Galvanized by the emerging evidence, donors, the international community, and affected countries revitalized the struggle against malnutrition. The Scaling Up Nutrition (SUN) Movement, inspired by the 2008 *Lancet* nutrition series, was established in 2010. SUN is led by governments committed to reducing malnutrition among their people and supported by local civil society, businesses, donor countries, and the United Nations. Its efforts focus on the 2030 Agenda goal of ending all forms of malnutrition by 2030. At this writing, 59 countries have joined the SUN Movement.

The *Lancet* series and SUN generated additional momentum that led, in 2012, to the establishment of six global nutrition targets to be achieved by 2025. The global nutrition targets encourage donors and the governments of countries with high burdens of malnutrition to prioritize nutrition. See Box 1, p. 6 for a list of the targets.

Three years later, the international community agreed on a global development agenda to be achieved by 2030. The United States joined 192 other countries in committing to 17 wide-ranging goals meant to improve our world. Included in this 2030 Agenda are ending hunger, achieving food security, and ending malnutrition in all its forms. These goals built on the Global Nutrition Targets that were established in 2012, striving to ensure that the targets in Box 1 are reached and going even further by setting out to eliminate malnutrition altogether. These goals are achievable, but meeting them is a significant challenge that requires all stakeholders, including the United States, to step up their efforts.

Because the world has set these global nutrition goals, which need more attention and resources if they are to be accomplished, the international community declared a Decade of Action on Nutrition, to run from 2016 to 2025. The Decade is meant to catalyze increased action from all stakeholders in ending hunger and eliminating malnutrition—governments, donors, civil society, businesses, academia, parents with children at risk of malnutrition, and others. It serves as a platform for advocates

FIGURE 3: The Flow of Child Undernutrition Determinants and Where Nutrition-Sensitive and Nutrition-Specific Interventions Fit In



Source: UNICEF with additions by Derek Schwabe/Bread for the World Institute

BOX 1: Global Nutrition Targets 2025¹⁶

- Reduce childhood stunting by 40 percent
- Cut the prevalence of anemia in women of reproductive age in half
- No increase in childhood overweight
- Reduce low birth weight by 30 percent
- Increase the rate of exclusive breastfeeding in the first 6 months to at least 50 percent
- Reduce and maintain childhood wasting (low weight for height) to less than 5 percent

throughout the global community to achieve shared nutrition goals by coming together, learning from each other, keeping each other accountable, and building on previous efforts.

Better global nutrition requires both an increase in investments and the careful targeting of those investments. How much funding is needed? Perhaps not surprisingly, a 2016 analysis by the World Bank, the Results for Development Institute, and the 1,000 Days organization found that all sources need to significantly scale up their financing for effective, evidence-based nutrition action. “All sources” includes innovative financing mechanisms constructed by the international community as well as national governments, donors, and households themselves. Approximately \$3.9 billion is spent on global nutrition each year—an average of less than \$5 a year for each of the world’s approximately 793

million chronically malnourished people. The study found that rather than \$3.9 billion, \$10.9 billion per year through 2025¹⁷ will be needed to reach the six global nutrition targets.

Although this is actually a modest sum in the global context, the researchers acknowledged that we are operating in resource-constrained environments. At a lower cost, the global community could implement a package of high-impact, high-priority interventions (see Box 2) that are ready to be scaled up now. For a total cost of \$6.1 billion per year from all sources, starting this year and continuing through 2025, the package would save the lives of 2.2 million children.¹⁸ Also by 2025, 50 million fewer children would be stunted than in 2015. Both would be meaningful accomplishments.

U.S. Government Global Nutrition Efforts

The U.S. government has included maternal and child nutrition in its foreign assistance portfolio since the 1970s.¹⁹ Since the release of the first *Lancet* child nutrition series in 2008, the U.S. government, both Congress and the administration, has joined the international community in making nutrition a higher priority. Maternal and child nutrition has been elevated in diplomacy, development programs, and foreign assistance funding.

As developing countries were launching the Scaling Up Nutrition (SUN) Movement, the U.S. government partnered with the government of Ireland to create the 1,000 Days Partnership, designed to support SUN by spurring global action to help achieve its goals. Now in its seventh year, the SUN Movement has galvanized a great deal of global support for action on maternal and child nutrition, particularly during the 1,000 days. The United States played a key role in helping the SUN Movement launch. Continued U.S. support will be critical to making further progress. It is important for Congress to maintain and strengthen U.S. global leadership in maternal and child nutrition.

SCALING UP NUTRITION ACTIONS IN U.S. FOREIGN ASSISTANCE

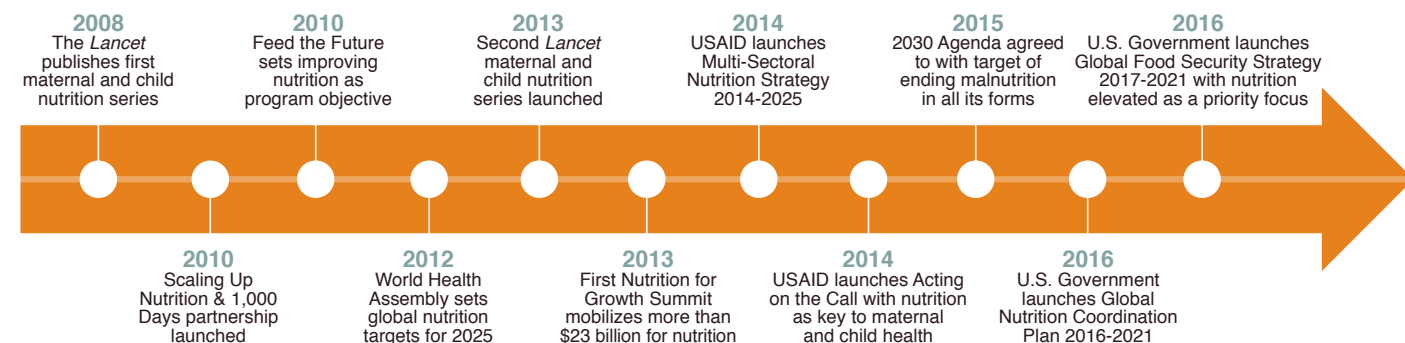
The U.S. government recognizes the integral role of nutrition in other sectors such as food security and health. Nutrition is at the heart of both food security and health efforts, and it also connects the two.

In 2009, members of the then Group of 8 (G-8) developed economies pledged \$22 billion for global hunger and food security during the G-8 summit in L'Aquila, Italy. The United States proposed this initiative, largely in response to the global food price crisis, and also pledged \$3.5 billion. Ultimately, the administration created the Feed the Future initiative²⁰ to fulfill its commitment to

BOX 2: Priority Package of Nutrition-Specific Interventions

- Iron and folic acid supplementation for adolescent girls
- Micronutrient supplementation during pregnancy
- Preventive treatment for malaria during pregnancy
- Pro-breastfeeding policies
- National breastfeeding promotion campaigns
- Vitamin A supplementation for children
- Promotion of good feeding and hygiene practice for infants and young children
- Treatment of acute malnutrition
- Staple food fortification

FIGURE 4: **Global Nutrition Timeline**



Source: Compiled by Jordan Teague using U.S. government and other publicly available sources.

the L'Aquila Food Security Initiative. Feed the Future's initial strategy, unveiled in 2010, had two main objectives: improving maternal and child nutrition, and fostering inclusive growth in the agriculture sector.²¹ Feed the Future's initial target was to reduce childhood stunting by 20 percent in the areas where it works by 2017.

Building on the U.S. efforts in global food security such as Feed the Future, Congress passed the Global Food Security Act in 2016. As directed by Congress, the administration then developed a Global Food Security Strategy for fiscal years 2017-2021. The new strategy brings together 11 U.S. government agencies. It further elevated nutrition by making it part of the strategy's overall goal. It also placed a heightened emphasis on what is called the multi-sectoral approach—using both nutrition-specific actions and nutrition-related initiatives such as nutrition-sensitive agriculture—which is essential to fully solving the problem of maternal and child malnutrition. The U.S. government has committed to using both nutrition-specific and nutrition-sensitive actions to improve nutrition, with a special focus on nutrition-sensitive agriculture.²²

Global Food Security Act in 2016

The Global Food Security Act (P.L. 114-195) was passed by Congress in July 2016 with overwhelming bipartisan support, including more than 140 cosponsors from both parties. The bill, which became public law 114-195, puts in place a strategy similar to the successful Feed the Future initiative, for the U.S. government to help hungry nations develop smart, long-term agriculture and nutrition programs, including programs for women and children in the 1,000-day window between pregnancy and age 2.

The United States also recognizes nutrition as a critical factor in maternal and child health. In 2012, the U.S. government partnered with the Ethiopian and Indian governments and with UNICEF to host “Child Survival: Call to Action.” During the event, representatives from more than 175 countries, along with more than 400 civil society organizations, pledged to end preventable maternal and child deaths by 2035. USAID's 2014 action plan, intended to save the lives of 15 million children and 600,000 women by 2023,²³ identified maternal and child nutrition as a key intervention to achieving this goal. These efforts added to the U.S. government's momentum on maternal and child health; since 2008, USAID has contributed to saving the lives of 4.6 million children and 200,000 women.²⁴

Another U.S. agency, the Millennium Challenge Corporation (MCC), is also beginning to work in maternal and child nutrition. MCC has a five-year compact with Indonesia that began in 2013. Its primary objective is to reduce poverty through economic growth, and one of its three projects is the Community-Based Health and Nutrition to Reduce Stunting Project, which received funding of \$134.2 million over five years to “reduce and prevent low birth weight, childhood stunting, and malnourishment of children.”²⁵

DISTANCE LEARNING COURSE CLOSES THE NUTRITION KNOWLEDGE GAP AMONG NURSES IN GUATEMALA'S WESTERN HIGHLANDS

Guatemala has more than 13,000 nurses, but a large majority (about 83 percent) are auxiliary nurses, who have low levels of academic training but nonetheless provide the bulk of the country's basic health services. The Western Highlands region of the country is home to just 16 percent of these nurses, but the area's health and nutrition needs are great. Living conditions in the Western Highlands are poor, and up to 70 percent of children under 5 are stunted.

With funding from USAID, the Food and Nutrition Technical Assistance III Project (FANTA) developed a distance learning course on maternal and child nutrition, launched in 2015, in collaboration with the Guatemalan Ministry of Health (MOH), the Institute of Nutrition of Central America and Panama (INCAP), and the Community Nutrition and Health Project (Nutri-Salud). This is the first full-scale distance learning course on maternal and child nutrition specifically for frontline health workers, particularly auxiliary nurses, in Guatemala's rural Western Highlands. The course strengthens nurses' nutrition knowledge and improves their skills in the delivery of nutrition-related interventions, especially those aimed at reducing stunting in young children. A total of 665 MOH personnel—primarily auxiliary nurses working in health centers and health posts in the Western Highlands—were trained by 65 course facilitators. These health workers are now better able to deliver solutions to prevent and treat malnutrition among the women and children they serve.

Moreover, to enable the country to use the course to train more health professionals in the future, FANTA worked with the MOH and the Food Security and Nutrition Secretariat (SESAN) to transfer the course to their websites. Additionally, FANTA and INCAP adapted the course for universities and trained professors in the Western Highlands as course facilitators. Making the course part of the curriculum in health-related fields will strengthen the capacity of local health professionals in maternal and child nutrition to carry on this work.

Thank you to the Food and Nutrition Technical Assistance III Project (FANTA) for this project summary.

Early U.S. government nutrition initiatives culminated in a U.S. commitment at the first Nutrition for Growth conference, held in London in 2013. The conference mobilized more than \$23 billion for action against maternal and child malnutrition from governments, civil society, and the private sector. The U.S. government committed to providing \$1.096 billion for nutrition-specific activities and \$8.919 billion for nutrition-sensitive programs for fiscal years 2012-2014. While this was not necessarily “new” money (in fact, fiscal year 2012 was nearly over by the time of the summit in 2013), these commitments ensured that global nutrition remained a priority in U.S. foreign assistance. In addition to these bilateral investments, the United States made several commitments to supporting global mechanisms for investments in food security and nutrition, such as the Global Agriculture and Food Security Program (GAFSP). It also pledged to support open data and learning through helping to launch the Global Open Data for Agriculture and Nutrition (GODAN) initiative.²⁶

IMPROVING THE EFFECTIVENESS OF NUTRITION PROGRAMS

The U.S. government has taken several steps to strengthen its approach to global maternal and child nutrition, creating efficiencies and increasing the impact of its programs on nutrition. The most visible of these steps are the USAID Multi-Sectoral Nutrition Strategy and the U.S. Government Global Nutrition Coordination Plan.

USAID's Multi-Sectoral Nutrition Strategy 2014-2025 embraced the Feed the Future goal of reducing childhood stunting by 20 percent over

five years in the geographical areas where it works. It also elevated maternal and child nutrition to an agency-wide priority, and it committed to integrating nutrition efforts into USAID's work in health, agriculture, water and sanitation, and food assistance.²⁷

The adoption of this Nutrition Strategy was a major turning point for USAID in the fight against maternal and child malnutrition. It brought greater attention to the need for both nutrition-specific and nutrition-sensitive programs. The Strategy also institutionalized the importance of a multi-sectoral approach to maternal and child nutrition across sectors—for example, using a combination of nutrition-related services and commodities, social and behavior change, increased country capacity and commitment, and increased nutrition coordination and leadership.

While most U.S.-funded global nutrition programs are carried out by USAID, other agencies also have programs that they implement. Including USAID, there are eight agencies in all that work on nutrition, including the State Department, the Treasury Department, the Department of Agriculture, the Department of Health and Human Services, the Peace Corps, the White House Office of Science and Technology Policy, and the Millennium Challenge Corporation.

In 2016, these agencies worked together to develop the U.S. Government Global Nutrition Coordination Plan 2016-2021. The plan draws on the expertise of each agency in seeking to make faster progress against global malnutrition by increasing the impact of U.S. funding through “better communication [and] collaboration, and linking research to program implementation.”²⁸

When fully resourced and implemented, these two strategies have the potential to achieve significantly more with available nutrition resources.

CATALYZING SUPPORT FROM OTHER DONORS

In addition to scaling up bilateral nutrition work in recent years, the U.S. government has also leveraged its own contributions to win support for global nutrition from other donors. For example, the Global Agriculture and Food Security Program (GAFSP),²⁹ managed by the World Bank, was born out of pledges made when the United States was president of the Group of 20 (G-20) in 2009.

GAFSP currently has 11 donors counting the United States. Its goals are to improve food security and nutrition security, and to enable people to raise their incomes through increasing agricultural productivity. So far, GAFSP programs, funded by pooling the contributions of the 11 donors, have reached 12 million people. In 2012, the United States pledged to contribute \$1 for every \$2 contributed by other donors.

Another contribution that has attracted additional resources from other donors is the U.S. government pledge of \$3.87 billion for the next three-year cycle of the International Development Association (IDA). IDA is the World Bank's grant and concessionary loan division that works with low-income countries (at this writing, 77 countries are considered low-income). This pledge is the same dollar amount as for the last three-year cycle, but a newly approved innovative financing package allows the World Bank to raise additional money through investments. This strategy is expected to yield an additional \$3 in financing from the private sector for every \$1 pledged, meaning the U.S. contribution will go three times further than before.

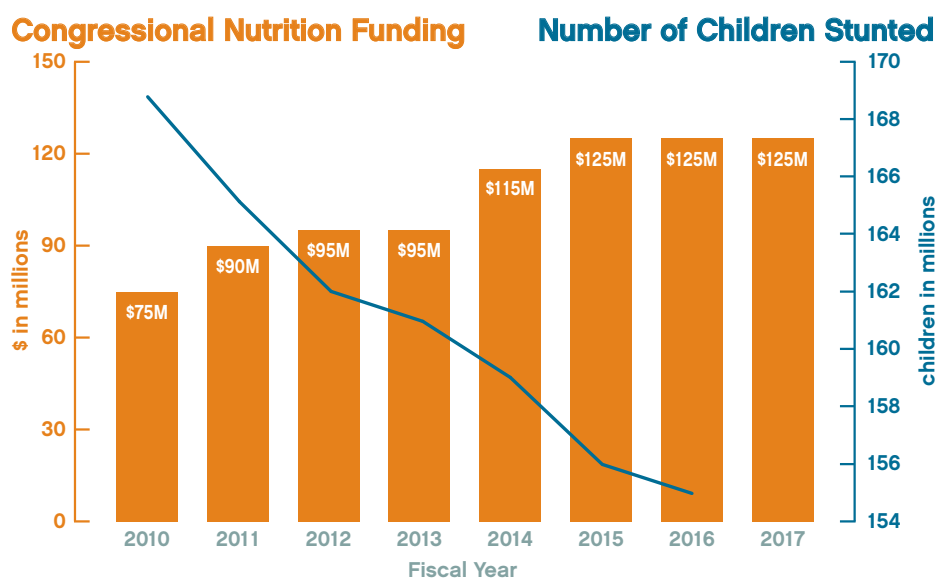
In the coming three years, IDA expects to provide essential health and nutrition services to at least 400 million people in addition to supporting other development programs. IDA also works with a partnership known as the Power of Nutrition that includes a variety of investor partners, from bilateral and multilateral donors to the private sector and corporations. The Power of Nutrition pools financial resources from these partners to invest in high-impact maternal and child nutrition programs.

THE KEY ROLE OF CONGRESS IN GLOBAL NUTRITION

While the U.S. government has been funding maternal and child nutrition programs for decades—contributing to the impressive progress already made—it was not until fiscal year 2010 that Congress first appropriated specific funding levels for nutrition. While this new account, called Nutrition in Global Health Programs at USAID, is not the only source of U.S. funding for maternal and child nutrition programs, it contains most of the U.S. government's nutrition-specific funding. Funding levels have risen modestly but steadily since 2010. Figure 5 shows this trend.

The administration has also begun to delineate its planned budget for maternal and child nutrition each year, in the State Department's Congressional Budget Justification. This budget rationale shows nutrition work supported by funding streams other than the

FIGURE 5: Congressional Nutrition Funding Compared to Number of Children Stunted



Note: FY2013 total has been estimated; the impact of sequestration had to be taken into account.

Sources: Compiled from InterAction Choose to Invest in Development and Humanitarian Relief FY2014-2017. <http://www.interaction.org/choose-to-invest-2017/nutrition> & WHO/UNICEF/World Bank (2016). Joint child malnutrition estimates – levels and trends (2016 edition). <http://www.who.int/nutgrowthdb/estimates2015/en/>.

FIGURE 6: **Total Nutrition Budgets of USAID and State Department**

	Total	DA	ESF-OCO	ESF	ESDF-OCO	IDA	IDA-OCO	FFP	GHP-State	GHP-USAID
FY2011	\$230.9 million	\$400,000	--	\$3 million	--	--	--	\$27.5 million	--	\$200 million
FY2012	\$225.5 million	--	--	\$11.4 million	--	--	--	\$64 million	--	\$150 million
FY2013	\$156.1 million	\$2.4 million	--	\$6.3 million	--	--	--	\$57.3 million	--	\$90 million
FY2014	\$99.5 million	--	--	\$4.5 million	--	--	--	--	--	\$95 million
FY2015	\$233.7 million	--	\$6.2 million	\$5.6 million	--	--	--	\$84.3 million	\$36.3 million	\$101.1 million
FY2016	\$272.6 million	\$8.9 million	--	\$31.5 million	--	--	--	\$94.3 million	\$36.9 million	\$101 million
FY2017	\$256 million	\$9.9 million	\$36 million	\$500,000	--	--	--	\$87.6 million	\$13.5 million	\$108.5 million
FY2018	\$120 million	--	--	--	\$16.4 million	\$7 million	\$18 million	--	\$18.4 million	\$78.5 million

Notes: DA = Development Assistance, ESF = Economic Support Fund, OCO = Overseas Contingency Operations, ESF = Economic Support Fund, EDSF = Economic Support and Development Fund, IDA = International Disaster Assistance, FFP = Food for Peace, GHP = Global Health Programs.

Sources: Compiled from State Department Foreign Operations Congressional Budget Justifications FY2011-2018.

Nutrition in Global Health Programs account at USAID. Figure 6 shows the total budgeted funding for nutrition in the State Department and USAID over several years.

Nutrition funding comes from several different accounts in the State Department Foreign Operations budget. Many different agencies, programs, and initiatives must contribute to finding solutions to both the underlying and direct causes of malnutrition—in other words, to putting into practice the multi-sectoral approach that is essential to ending malnutrition.

The total amount budgeted for global maternal and child nutrition has fluctuated over the years shown in the chart. The significant decrease between FY2012 and FY2013 is the result of sequestration. Since FY2013, the total budgeted funding for nutrition has had an upward trajectory until FY2018. There have been increases in the nutrition funding located in the Global Health Programs (GHP) accounts at both State and USAID, but also decreases in PEPFAR funding. In successive years, Congress appropriated more funding for nutrition in Global Health Programs account at USAID than the administration had requested.

The chart does not show funding for any maternal and child nutrition programs outside the State Department and USAID. As earlier mentioned, the Millennium Challenge Corporation has a 5-year \$134.2 million compact in Indonesia focused on reducing stunting and child malnutrition. Also as mentioned, portions of the U.S. contributions to the Global Agriculture and Food Security Program (GAFSP) and the International Development Association (IDA), made through the Treasury Department, fund nutrition-specific activities. Finally, other USAID programs, such as the McGovern-Dole International Food for Education Program, are working to include a greater focus on nutrition in their work, but nutrition does not yet have a separate budget within these programs and thus these efforts are not yet counted as part of USAID nutrition funding.

In recent years, Congress has also prioritized

REDUCING STUNTING THROUGH MCC'S COMMUNITY-BASED HEALTH AND NUTRITION PROJECT

The Millennium Challenge Corporation's \$134.2 million Indonesia Community-Based Health and Nutrition Project (2013-2018) integrates sanitation, health, and nutrition interventions in order to reduce stunting in approximately 5,400 villages across 11 provinces. Healthier children mean higher wages, lower healthcare costs, and a more productive workforce. The project increases communities' awareness of stunting and thus their demand for services that help reduce it, while strengthening the health sector's capacity to respond to this demand with improved service delivery.

The government of Indonesia, MCC, and the World Bank are working together to expand the government's incentives-based community grants program. Working within the Ministry of Health, the project builds capacity for the health sector to respond to facilities' and communities' interest in reducing stunting. Examples of such services include programs focused on expanding access to improved sanitation such as latrines, grants to spark private sector solutions to sanitation problems, and funding for micronutrient supplements for pregnant women and infants. A national advocacy and mass media campaign is encouraging healthy attitudes and behavior at the household level, with a focus on sanitation and infant feeding practices. The project has sparked improvements in seven sets of operational guidelines in the Ministry of Health that advise health services at province and village levels nationwide—for example, Maternal and Infant Young Child Feeding guidelines.

The consequences of stunting in children under 2 are irreversible. Of course, higher rates of infant and child mortality, increased susceptibility to infection and illness, and disruption to cognitive development cause long-term human and economic losses to individuals, families, and society. MCC's investments are raising much-needed public awareness about stunting as well as supporting the government of Indonesia in its efforts to solve this critical problem nationwide.

Thank you to Carolyn Wetzel Chen, Amit Chandra, and Leigh Stapleton of the Millennium Challenge Corporation for this project summary.

nutrition and food security in authorizing legislation. In 2016, Congress passed the Global Food Security Act (P.L. 114-195),³⁰ institutionalizing global agriculture and food security, including a strong emphasis on maternal and child nutrition, as key pillars of U.S. foreign assistance. Overwhelming bipartisan support among members of the 114th Congress for global food and nutrition security programs enabled passage of the Global Food Security Act. Box 3 lists this and other recent examples of congressional leadership on global maternal and child nutrition.

PROGRESS IN FIGHTING MATERNAL AND CHILD MALNUTRITION

Globally, rates of child malnutrition as measured by stunting and wasting have typically been decreasing, although not quickly enough to end malnutrition by 2030. The most recent data, from 2016, show that 155 million children are stunted.³¹ This is down from nearly 169 million in 2010—a substantial decrease over five years, even though there is a long way to go.

The U.S. government and the American people have played a major role in this progress. In 2015, the U.S. government reached 18 million children in 19 countries with nutrition interventions aimed at reducing stunting and other nutritional deficiencies.

After conducting its own analysis of the impact on stunting in the specific geographical areas in which it works, Feed the Future announced that reductions in stunting in eight countries, ranging from 6 percent to 40 percent, can be directly attributed to its work.³² This progress means that the U.S. government is on track to exceed its target of a 20 percent reduction in stunting in the areas where it works—a major contribution to ending malnutrition.

However, this does not mean that the world is on track to end malnutrition. The proportion of stunted children is still decreasing in Africa, as elsewhere, but the total number of African children who are stunted is increasing because of population growth.³³ Conflict, climate change, spiking food prices, and other problems still exist, and they raise the risk of acute malnutrition. The U.S. government, alongside other stakeholders, must continue to invest time and resources in global maternal and child nutrition. Ending hunger and malnutrition won't happen overnight, so it is important to maintain current efforts to make a long-term difference.

BOX 3: Congressional Leadership on Nutrition

- The Nutrition in Global Health Programs Account increased from \$75 million in 2010 to \$125 million in 2017. (See Figure 5)
- The Global Food Security Act (P.L. 114-195), emphasizing the importance of nutrition, passed in 2016.
- In 2016, 27 Senators and 146 Representatives signed “Dear Colleague” letters to members of their respective appropriations committees, supporting robust funding for maternal and child health and nutrition.
- Also in 2016, 55 Representatives signed a “Dear Colleague” letter to appropriators, requesting an increase in annual nutrition investments in global health programs to \$230 million.
- In 2013, H.Res.254 was introduced in the House of Representatives with 57 cosponsors. The resolution recognized the importance of U.S. leadership in meeting the challenge of global maternal and child malnutrition.

Key U.S. Government Global Nutrition Goals and Commitments

Global Nutrition Targets 2025: Targets agreed to by the World Health Assembly (including the United States) to reduce stunting, wasting, anemia, and low birth weight; to prevent any further increase in childhood overweight; and to increase the rate of breastfeeding (see Box 1)

2030 Agenda: The development agenda agreed to by the United Nations (including the United States) to end extreme poverty and inequality and to care for the environment. The 2030 Agenda includes both achieving the Global Nutrition Targets by 2025 and ending malnutrition in all its forms by 2030.

Nutrition for Growth: 2013 conference that mobilized more than \$23 billion for maternal and child nutrition from governments, civil society, and the private sector. The United States pledged \$1.096 billion for nutrition-specific programs and \$8.919 billion for nutrition-specific activities for 2012-2014.

USAID Multi-Sectoral Nutrition Strategy 2014-2025: Buttressed Feed the Future's goal of reducing stunting by 20 percent in its focus areas (or 2 million children), and set a goal to keep global acute malnutrition below 15 percent of children under 5 years of age.

U.S. Government Global Nutrition Coordination Plan 2016-2021: Aims to improve U.S. government coordination on global maternal and child nutrition efforts in order to maximize the impact of government actions and accelerate progress toward the Global Nutrition Targets 2025 and the 2030 Agenda.

L'Aquila Food Security Initiative: The G-8 flagship initiative from Italy's G-8 presidency in 2009, which raised \$22 billion for global hunger and food security. The U.S. pledge, \$3.5 billion of the total over three years, was fulfilled by creating the Feed the Future initiative.

Feed the Future: The U.S. government's signature global food security initiative, which has two primary objectives—improving maternal and child nutrition, and fostering inclusive growth in the agriculture sector. Feed the Future's goal was to reduce stunting in its focus areas by 20 percent by 2017.

Global Food Security Strategy FY 2017-2021: Pursuant to the Global Food Security Act, establishes a comprehensive and integrated strategy for U.S. government efforts in global food security and nutrition, building on Feed the Future. The strategy establishes three primary objectives for U.S. global food security programs—inclusive and sustainable agriculture-led economic growth, a well-nourished population, and strengthened resilience among people and systems.

Maternal and Child Health: USAID has committed to saving the lives of 15 million children and 600,000 women by 2020 through high impact, evidence-based actions in maternal and child survival and health.

Global Agriculture and Food Security Program: A multilateral donor mechanism that works to improve food and nutrition security and incomes by increasing agricultural productivity. In 2012, the United States pledged to contribute \$1 for every \$2 contributed by other donors.

World Bank International Development Association: In 2016, the United States pledged \$3.87 billion over three years to IDA, which will help IDA reach 400 million people with essential health and nutrition services.

What's Next?

Despite all the progress, malnutrition affects millions of children—as a cause of preventable death, a major health problem for survivors, and a significant obstacle to economic progress for individuals and countries alike. Current investments and efforts need to be maintained so that the gains that have been achieved are not lost and can be followed up with more progress. Now is not the time for the world to weaken in its resolve: ending malnutrition is achievable, not “aspirational.”

The U.S. contribution to ending malnutrition is essential. Reducing and then ending malnutrition averts preventable human death and suffering, of course. It significantly improves the potential for economic growth for countries with a high burden of malnutrition. It is a key piece of the U.S. global development agenda. It creates more opportunities for U.S. strategic and economic engagement in the world. It will prevent even deadlier, costlier crises in the years to come.

Now is also not the time for the United States to scale back its work on nutrition. Our country must keep its commitments to improving global maternal and child nutrition, and use its global leadership to catalyze further action, both from other donors and from high-burden countries.

Key Recommendations for Congress

- Protect and sustain U.S. funding and commitments for global nutrition.
- Seek a more clearly defined budget for U.S. nutrition-sensitive spending, with the administration using a methodology shared by other nutrition stakeholders.
- Safeguard the technical capacity of the U.S. government, especially USAID, to respond effectively in the fight against malnutrition.
- Call on the administration to contribute to the nutrition-sensitive evidence base through systematic monitoring of nutrition outcomes.
- Commission research on reaching adolescent girls with nutrition interventions.

PROTECT AND SUSTAIN U.S. FUNDING AND COMMITMENTS FOR GLOBAL NUTRITION

As mentioned earlier, we know that nutrition-specific interventions, such as the ones listed in Box 1, are effective and cost-efficient. Research from many highly credible sources have left no room for doubt. We also know that there is political commitment to nutrition—donors and high-burden countries alike have developed nutrition strategies and action plans. Yet despite knowing what to do and being motivated to do it, the global community still vastly underfunds nutrition efforts.

That is why it is critical for the United States to protect current nutrition spending and maintain its commitments to global nutrition. Global maternal and child nutrition is a tiny but highly effective fraction of U.S. foreign assistance. In turn, foreign assistance is a tiny fraction (less than 1 percent) of the federal budget.

Although nutrition-specific interventions are inexpensive, they bring significant lifelong benefits to each child they reach. Because conditions vary—for example, how severe the problem is or whether a community is geographically accessible—the cost of preventing stunting in one child varies widely, from \$.32 to \$42.94 a year.³⁴ To repeat: it could cost as little as 32 cents per year to save a child from lifelong poor health and disruptions to her physical and cognitive development. At most, it would cost about \$43.

Compared to the costs they prevent—for a lifetime of extra health care and lower productivity—these are modest sums. This is why the long-term returns on investment in maternal and child nutrition are impressive, generating \$16 in economic returns³⁵ for every \$1 invested, primarily by lowering healthcare costs and increasing productivity. Preventing malnutrition, particularly stunting—even aside from the incalculable value of the “hand up” it offers a human being—is a worthwhile use of U.S. development assistance.

The most recent figures on global financing needs for maternal and child nutrition, as calculated by the World Bank,³⁶ indicate that the U.S. government should more than double its annual investments in nutrition-specific programs. This is not a great deal of money since, as previously mentioned, the current annual investment amount is quite limited. If, however, the constrained U.S. budget environment makes this increase too difficult, Bread for the World Institute urges Congress and the administration to at least maintain the nutrition budget at its current level rather than cut back. The facts—on modern knowledge of the damage malnutrition causes, and on how modest the funding levels needed to end it, simply speak for themselves. We cannot afford *not* to end malnutrition.

Congress has previously called for and supported nutrition strategies and plans, and it must ensure that the work started by these previous efforts continues. They include the USAID Multi-Sectoral Nutrition Strategy, the U.S. Government Global Nutrition Coordination Plan, and the U.S. Government Global Food Security Strategy. Each of these is aimed at increasing the effectiveness and impact of U.S. government nutrition and food security efforts, and they show the U.S. commitment to improving maternal and child nutrition in the most vulnerable communities.

The USAID Multi-Sectoral Nutrition Strategy commits USAID to conduct periodic performance assessments in order to adjust the strategy. The first of these assessments should be ready in the coming months, since it was to be completed either during 2016 or soon thereafter. Congress could help ensure progress on implementing this and other nutrition plans by calling for periodic updates from the administration.

“The U.S. should maintain its commitments to global nutrition by protecting current nutrition investments.”



Joseph Molieri/Bread for the World

The U.S. government provides nutrition education to mothers and caregivers to properly nourish their children. More generally, nutrition education contributed to the nearly 50% reduction in infant and maternal deaths since 2000.

Nutrition for Growth in 2017

In 2013, the first Nutrition for Growth conference mobilized more than \$4 billion for nutrition-specific efforts and \$19 billion for nutrition-sensitive investments. It also catalyzed non-financial commitments from donors, high-burden countries, businesses, and civil society—commitments that add vital momentum. Those who committed funding have made progress in meeting their commitments. Many commitments, however, have a timeline for completion that ended in 2016 or will end in 2017³⁷ and have not yet been fulfilled.

In addition to some donors lagging on their pledges of 2013, the global nutrition landscape has changed in the intervening years. One area of change is goals: in 2015, 193 countries including the United States adopted the 2030 Agenda, which includes a goal to end malnutrition in all its forms by 2030. This was not in place at the time of the first Nutrition for Growth conference. Another change is that nutrition specialists and program implementers have more information on what it will take to end malnutrition, including more specific data on funding needs.

Throughout 2017, the U.S. State Department is helping to coordinate a series of events to support the Decade of Action on Nutrition (2016-2025) and to secure new financial and political commitments to ending nutrition. The U.S. government should continue this leadership by making robust commitments to ending malnutrition in 2017.

Sharmila Chaudhari feeds her daughter Sanjana, 19 months, at the Nutrition Rehabilitation Home in Dhangadhi, Nepal, in April 2012. This Nutrition Rehabilitation Home in the western part of the country is run by RUWDUC (Rural Women's Development and Unity Center), a Nepali NGO.

TRACK NUTRITION INVESTMENTS TRANSPARENTLY AND ACCURATELY

In keeping with the better information on the global costs of ending malnutrition, the United States needs a more detailed budget and narrative for both nutrition-specific and nutrition-sensitive investments. Feed the Future and other U.S. government programs in food security, health, and development programs invest in nutrition, especially in nutrition-sensitive initiatives, but there is currently no clear publicly available way of delineating the specific activities that these various investments support.

The U.S. Government Global Nutrition Coordination Plan 2016-2021³⁸ (GNCP) commits the U.S. government to gathering and reporting on annual nutrition resource expenditures. These reports should include a breakdown of both nutrition-specific and nutrition-sensitive investments. Such a breakdown will provide a clearer picture of how the U.S. government is investing in nutrition, including in sectors outside global health. It will help educate stakeholders on the multiple ways to make an impact on nutrition. Finally, it will show what is working well, what could be done better, and where the gaps are.³⁹

The United States should be a global leader on transparency and accountability in nutrition investments. With better budget outlines and reporting, the United States can show more clearly its commitment to investing in an effective multi-sectoral approach to improving maternal and child nutrition.

Other global donors, including the SUN Donor Network and donors that report their nutrition spending through a mechanism of the Global Nutrition Report, have been working on ways to more accurately track nutrition-specific and nutrition-sensitive investments. The United States should continue to be an active participant in these discussions.

Since Congress appropriates funding for nutrition and related sectors, it can use its oversight role to request that the administration define more clearly its nutrition-sensitive expenditures, and also that it use the methodology used by other stakeholders.



Laura Elizabeth Pohl/Bread for the World

Reforming Nutrition Tracking in the OECD DAC

In 2017, the Development Assistance Committee (DAC) of a group of industrialized nations known as the Organization for Economic Co-operation and Development (OECD) is scheduled to vote on whether or not to adopt reforms in its Creditor Reporting System (CRS). One reform would change the procedure for tracking nutrition expenditures in the CRS by aligning the basic nutrition category, or code, with the widely accepted definition of nutrition-specific interventions targeted at those in the 1,000-day window.

The second reform is to create a policy marker that will identify nutrition investments in other sectors, such as emergency assistance, that are not currently included in funding totals for nutrition. It would also count nutrition-sensitive investments in sectors such as agriculture. These investments are not currently counted toward funding totals for nutrition because, even though they contribute to nutrition outcomes, nutrition is not their primary category. Nutrition is a cross-cutting issue, so it makes sense that investments in any of a number of sectors are able to make an impact on nutrition.

Beyond identifying nutrition investments more accurately, the policy marker will ensure that donors “get credit” for all their nutrition investments. The United States should support the proposed reforms, which will be a step forward in tracking U.S. nutrition assistance—regardless of whether this assistance is considered part of the development assistance portfolio or part of the humanitarian portfolio.

SAFEGUARD U.S. GOVERNMENT CAPACITY TO IMPLEMENT NUTRITION PLANS

As mentioned earlier, several years ago the United States significantly scaled up its nutrition, food security, and agriculture efforts within the larger category of foreign assistance. This was in response to both the global food price crisis of 2007-2008 and the increasing evidence of the importance of maternal and child nutrition, and bolstering assistance in these areas had bipartisan support in Congress.

In turn, U.S. government agencies—particularly USAID—have increased their technical and implementation capacity. The U.S. government still needs to add more technical capacity on nutrition. But officials have made a great deal of progress in cultivating and deploying a cadre of nutrition and development experts to guide U.S. efforts. It is important to protect these resources so that nutrition programs are as effective as possible, since that in turn is necessary to make progress against malnutrition as rapid as possible.

Such technical capacity is part of what is needed to fully implement the Global Food Security Strategy that Congress established in 2016. However, neither the USAID Multi-Sectoral Nutrition Strategy nor the U.S. Government Global Nutrition Coordination Plan has adequate resources. This means that U.S. regional and country posts, which are at the heart of implementing these strategies, are not currently well positioned to do so. The multi-sectoral nature of maternal and child nutrition programs both requires a great deal of coordination and collaboration among a variety of disparate sectors, and is also what ensures that these programs will do the most good. Strong and able leadership is required to assure success.

At the headquarters level, USAID and other U.S. government agencies have made significant strides in coordinating nutrition programs. USAID established a Nutrition Management Group that has representation from all relevant bureaus. At this writing, the wider U.S. government is establishing an interagency Nutrition Technical Working Group to support the rollout of the Global Nutrition Coordination Plan. Bread for the World Institute recognizes and encourages these efforts as essential first steps. But, of course, on-the-ground implementation of these plans is also vital. Regional and national level coordination efforts need more attention.

USAID MISSION NUTRITION ADVISORS

The U.S. Government Global Nutrition Coordination Plan includes appointing points of contact at each overseas post that has more than one U.S. agency working in nutrition. This is a great starting point in supporting the coordination among U.S. agencies that is essential to implementing the GNCP and ensuring that U.S. government nutrition programs are as effective as possible. Bread for the World Institute recommends that the administration name these coordinators as soon as possible so that they may begin this important work.

However, the responsibilities of the contact people may be limited to the GNCP—i.e., they may not overlap with the tasks needed to implement the USAID Multi-Sectoral Nutrition Strategy. The latter calls for coordination of initiatives and projects that are internal to USAID.

The role of USAID Missions in the Multi-Sectoral Nutrition Strategy is to ensure “efficient mobilization of resources, program harmonization, donor coordination, policy formulation, and joint planning and monitoring.”³⁹

This is a tall order, so the Strategy encourages Missions that do nutrition work to “consider appointing one nutrition Point of Contact (POC) in the Mission to help coordinate nutrition planning and programming and liaise with USAID/Washington and other U.S. Government agencies.”⁴¹

Bread for the World Institute’s analysis suggests that establishing USAID Mission Nutrition Advisors in key missions⁴¹ would be a way of ensuring that the Multi-Sectoral Nutrition Strategy is as effective as possible in promoting better nutrition. The USAID Missions are the backbone of the Strategy, and having dedicated staff positions within Missions will strengthen their capacity to implement its provisions fully.

We propose a pilot program of Mission Nutrition Advisors, whose scope of work would be similar to that of the Mission Gender Advisors installed under USAID’s 2012 Gender Equality and Female Empowerment Policy.⁴³ Mission Nutrition Advisors would be responsible for coordination between and among nutrition-related USAID initiatives and programs in their countries, ensuring that the objective of the Multi-Sectoral Nutrition Strategy—elevating nutrition in all relevant programs—is achieved.

The Advisors would have the authority to oversee efforts located within different initiatives and projects and concerning resources, planning and monitoring, and Mission policy. The Advisors would also be the primary liaisons on nutrition policy and issues with the host country government, civil society, other donors, and the Scaling Up Nutrition Movement. In posts with more than one U.S. agency engaged in nutrition, the Advisor would also work closely with the points of contact designated under the U.S. Government Global Nutrition Coordination Plan. The Mission Nutrition Advisors could be scaled up to all USAID missions if the pilot program Advisors are successful in improving nutrition program coordination in-country.



RECOMMENDATION

Safeguard the capacity of the U.S. government, particularly USAID, to respond effectively in the fight against malnutrition.

CONTRIBUTE TO THE NUTRITION-SENSITIVE EVIDENCE BASE THROUGH SYSTEMATIC MONITORING

The U.S. government has an extensive history of conducting research on implementation that is designed to build evidence bases for effective development and humanitarian approaches to global problems. USAID has played a major role in nutrition research for development since the 1970s. Particularly noteworthy was its identification and definition of the Essential Nutrition Actions, still widely used today.⁴⁴ Other agencies, such as the U.S. Department of Agriculture (USDA) and the National Institutes of Health (NIH), also have significant research experience and capacity on nutrition topics.

It is widely recognized that effective efforts against malnutrition must include nutrition-specific programs, complemented by nutrition-sensitive programs. However, there are gaps in the evidence base that planners use to identify the strongest multi-sectoral approaches. To be most successful, donors (including the United States) and high-burden governments must be able to identify best practices and anticipate the likely impacts of nutrition-sensitive programs. To do this, they need to carry out additional systematic monitoring of existing programs. The U.S. government should be on the forefront of strengthening the evidence base by establishing a protocol to measure and monitor nutrition outcomes in nutrition-sensitive programs.



RECOMMENDATION

Call on the administration to systematically monitor and evaluate the nutrition outcomes of nutrition-sensitive approaches.

COMMISSION RESEARCH ON HOW BEST TO PROVIDE ADOLESCENT GIRLS WITH NUTRITION SERVICES

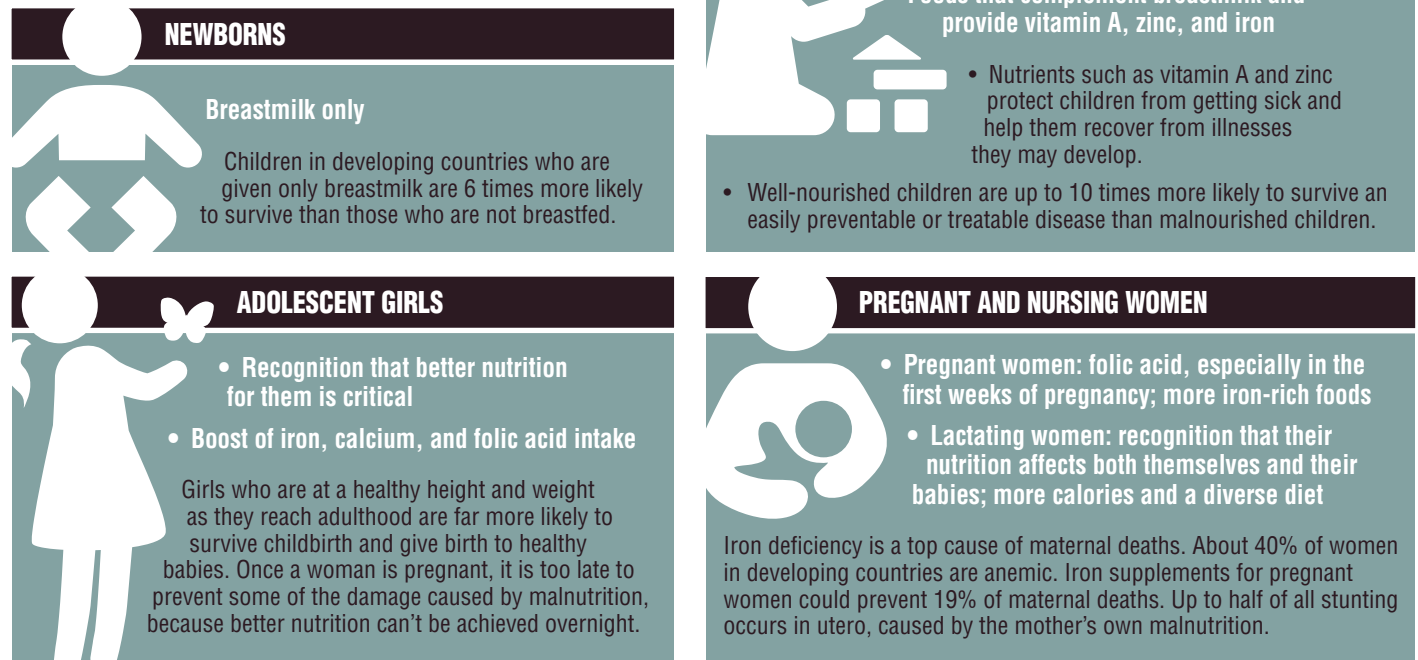
There is increasing evidence that malnutrition often begins in the womb. In high-burden countries, many babies are born already showing signs of malnutrition, including low birth weight, in addition to other problems they may have, such as prematurity. Thus, the nutritional status of pregnant women is even more important than nutritionists had previously realized.

Malnourished newborns are far less likely to survive. As global child mortality has been steadily reduced, thanks in large part to improvements in nutrition, neonatal mortality (deaths of babies in their first four weeks of life) is becoming a larger share of the problem. In fact, estimates are now that 45 percent of all preventable deaths of children under 5 years old are those of babies under 4 weeks old.⁴⁵

A woman’s nutritional status at the time she becomes pregnant is also more important to her health and well-being during pregnancy and childbirth, and to the health of her baby, than earlier believed. It takes time to build up stores of the nutrients particularly important for pregnancy, and many women do not

FIGURE 7:

THE IMPORTANCE OF GETTING THE RIGHT NUTRITION AT THE RIGHT TIME



Source: ICAN (International Coalition on Advocacy for Nutrition).

know they are pregnant right away. In wealthy countries, women who plan to become pregnant are encouraged to take supplemental folic acid and other nutrients important to a healthy pregnancy for several months beforehand. This is even more important for prospective mothers who grew up in situations of limited resources in developing countries.

These factors in combination tell us that adolescent girls are a large and critically important group of people who have not previously been a priority. Not only is their nutrition important in and of itself, but it is necessary in order to strengthen maternal and child health and nutrition. Teenage girls from poor families may be encouraged to eat less so that other family members can have more. Yet there are special nutritional needs associated with puberty and the rapid physical development of adolescents. One of the most critical is iron. Malnourished girls and young women begin pregnancy—a time when they need to be as strong and healthy as possible—without enough of the nutrients needed for a healthy pregnancy and birth. This is especially critical when it comes to iron, because one-fifth of all maternal deaths are caused by anemia.

Yet few nutrition programs are tailored to adolescent girls. One reason is that it is difficult to reach them. Many no longer attend school, and some are already married. Further research is needed into the most effective ways of providing nutritional support to adolescent girls. Some possibilities are through community health workers, medical centers, or agriculture extension agents.

Bread for the World Institute proposes that the federal government establish partnerships with universities—both in the United States and in high-burden countries—to conduct research studies on approaches to targeting nutrition support to adolescent girls.* This will enable specialists to compile evidence as to what works well, and what does not, in efforts to provide adolescent girls with the information and nutrients they need, as well as to reduce maternal and neonatal mortality and to improve maternal and child nutrition. This will make future nutrition efforts more effective, and it will also build research capacity in high-burden countries to tackle current and future nutrition problems.

*This recommendation aligns with the CSIS Task Force on Women's and Family Health proposal for an initiative on adolescent girls: CSIS (2016). *Her Health, Her Lifetime, Our World: Unlocking the Potential of Adolescent Girls and Young Women*.

RECOMMENDATION

Establish a nutrition research initiative to gather and collate evidence on methods of reaching adolescent girls and meeting their specific nutritional needs.

Using Congressional Oversight to Maximize Nutrition Impact

Congressional leadership is needed to advance global progress on maternal and child nutrition. Legislators play a key oversight role in ensuring that nutrition is treated as a priority within U.S. development programs, and that it remains a priority.

Here are several steps Congress can take in its oversight role:

- Request periodic progress reports on how the USAID Multi-Sectoral Nutrition Strategy, the U.S. Government Global Nutrition Coordination Plan, and the U.S. Government Global Food Security Strategy are being implemented.
- Hold regular congressional hearings on topics related to global maternal and child nutrition.
- Communicate nutrition priorities in report language.
- Sponsor or sign on to “Dear Colleague” letters and/or letters to the administration that express strong congressional support for global nutrition programs.

Conclusion

Malnutrition takes a heavy toll on individuals, families, and entire nations. Reducing and then ending malnutrition is urgent for many reasons. The good news is that it can be done—but only if all stakeholders act, and act soon. The U.S. government must continue to be a committed leader on maternal and child nutrition, with actions to support its commitment. National governments have taken the lead in the fight against malnutrition, with many active in the Scaling Up Nutrition Movement. Although the United States is far from the only stakeholder, U.S. leadership, resources, and expertise are all critical supports for countries working to reduce their burden of malnutrition.

The goal to end malnutrition in all its forms by 2030 is ambitious, and the world will need each of the years 2017-2030 to achieve it. Business as usual will not get the job done. But the cost of malnutrition is simply too high not to act. For relatively small sums, nutrition programs will bear fruit all over the world, enabling millions more children to survive and thrive.

Reducing hunger and malnutrition will save countries and the global community effort and money in the long term—to say nothing of the human suffering and needless deaths averted. If the United States makes the smart choice now, to invest its share of the resources needed to end malnutrition, there will be far fewer stunted children in the next decades, far fewer maternal deaths caused by malnutrition, far fewer hunger crises. For the first time, humanity has the knowledge and resources needed to end the scourge of hunger and malnutrition—so now is the time to commit to getting the job done.

The Guatemalan Alliance to End Hunger works with the Ministry of Public Health to distribute drink mixes to families at risk of malnutrition.



Alliance to End Hunger photo

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- ⁴² Bread for the World Institute has supported this proposal since 2012. See Briefing Paper Number 19, "Scaling Up Global Nutrition: Bolstering U.S. Government Capacity."
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