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## Key Ingredients for Faster Progress on Nutrition

by Jordan Teague



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“Dealing with malnutrition means fixing all the links in the chain—food, health, sanitation, water, and care.”

– Lawrence Haddad,  
World Food Prize Laureate

### SUMMARY AND HIGHLIGHTS

Before the COVID-19 pandemic, global levels of child malnutrition—measured by rates of stunting and wasting—had been decreasing. Yet progress had not been fast enough, because good nutrition is essential to human life, health, and well-being. This paper examines common elements among low- and middle-income countries that have made more progress on nutrition than many of their peer countries. While they are not necessarily causal factors, these elements contribute to an environment that enables accelerated progress on nutrition:

- Economic growth
- Availability and consumption of nutritious foods
- Women’s empowerment
- Equity and equality
- Water, sanitation, and hygiene
- Funding
- Social protection systems
- Good governance
- Peace and stability

These elements are more likely to spur accelerated progress when they are combined with investments in key nutrition services, such as treatment or preventive treatment for children affected by wasting, multiple micronutrient supplementation for pregnant women, adequate breastfeeding/complementary feeding for infants, and Vitamin A supplementation for children.

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## Introduction

Sufficient nutritious food is critical to human life—without it, people can't enjoy good health, do well in school, or succeed in their work. Around the world, political, business, and civil society leaders recognize that nutrition is not only a “marker” or gauge of progress on development, but also a “maker” or creator of development.<sup>1</sup>

### BOX 1: GLOBAL NUTRITION TARGETS

#### 2025 WORLD HEALTH ASSEMBLY GLOBAL NUTRITION TARGETS

- 40% reduction in the number of children under-5 who are stunted
- 50% reduction of anemia in women of reproductive age
- 30% reduction in low birth weight
- No increase in childhood overweight
- Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
- Reduce and maintain childhood wasting to less than 5%



#### 2030 SUSTAINABLE DEVELOPMENT GOALS

- End malnutrition in all its forms



Nutrition is deeply embedded in human society, much like gender. Strong health systems, food systems, education systems, and so forth depend on good nutrition. In turn, good nutrition for everyone relies on the support of all these systems.

Over the past decade, the world has made progress on some measures of nutrition. Nearly 26 million fewer children are stunted from chronic malnutrition than in 2010.<sup>2</sup> A second key nutrition indicator is the rate of exclusive breastfeeding (how many babies receive no other food or water for the first six months) because it is

highly effective in saving newborn lives and ensuring a lifetime of improved health. By 2018, exclusive breastfeeding had increased slightly, to 41 percent.<sup>3</sup>

These improvements are certainly worth celebrating. But progress has stalled on other malnutrition indicators, and still others are getting worse (see Figure 1). The number of children suffering from acute malnutrition, also called wasting, has barely budged, while the rate of anemia among women ages 15 to 49 is on the rise. Reducing anemia among women in their reproductive years is particularly important because it is one of the main causes of maternal mortality.

### BOX 2: NUTRITION AND THE COVID-19 PANDEMIC

The global progress on nutrition of the past several decades is at considerable risk due to the COVID-19 pandemic. The pandemic is straining healthcare systems around the world, but fragile health systems face particular challenges. Moreover, severe restrictions on mobility imposed for public health reasons are disrupting essential health and nutrition services that are vital to mothers and their babies in the critical “1,000 days” nutrition window, which lasts from pregnancy to age 2.

Recent projections are that the COVID-19 pandemic will lead to a staggering 14.3 percent increase in wasting, a life-threatening form of malnutrition. This translates into an additional 6.7 million children suffering from serious malnutrition.<sup>4</sup> COVID-19 is an immediate, urgent danger to global child survival precisely because wasting is sometimes fatal—according to researchers, it will result in an additional 10,000 deaths among children under 5 each month for the next several months. With hospitals and

local health centers filling beyond capacity, many communities face uncertain or jeopardized access to services that prevent and treat malnutrition.

COVID-19 will disrupt established nutrition programs for the foreseeable future. Yet the key ingredients needed to improve nutrition have not changed, and improved nutrition is even more important during the pandemic since severely malnourished children are nine times more likely to die of preventable diseases than well-nourished children.<sup>5</sup> Protecting nutrition must be a focus of the global COVID-19 response in both the short term and the long term—saving lives now and, as time goes on, continuing to prioritize nutrition as essential to people's health and well-being. As mentioned earlier, good nutrition in the “1,000 days” window between pregnancy and the second birthday is especially critical. The key ingredients laid out in this paper can help the world recover from the pandemic and maintain opportunities to make more rapid progress on nutrition in the coming years.

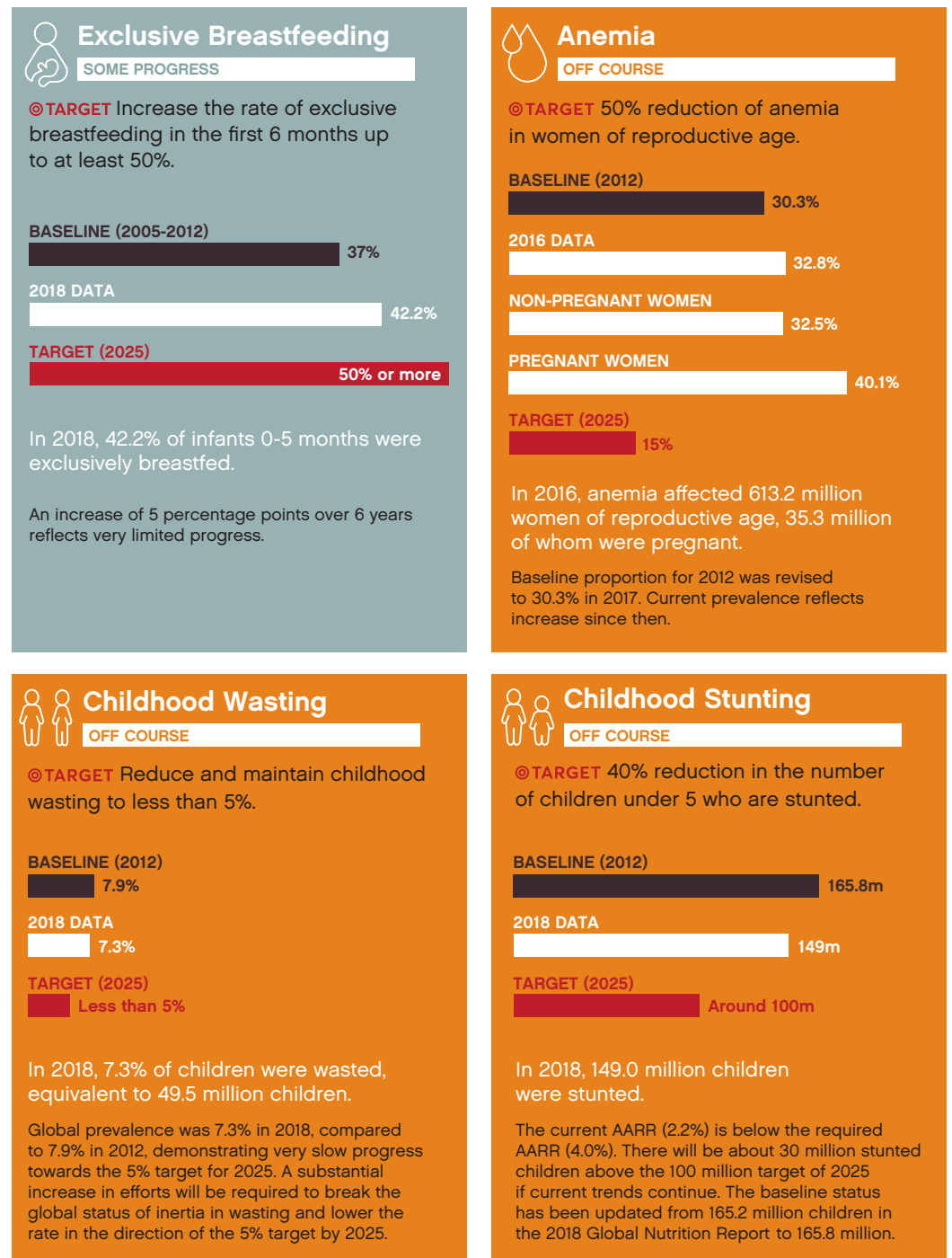
Good nutrition for everyone is so critical that one of the Sustainable Development Goals adopted by the nations of the world in 2015 is to end all forms of malnutrition by 2030. The World Health Assembly established a set of more specific global nutrition targets (see Box 1) with a 2025 deadline. At this writing, no country is on track to meet all the targets. This is why the nutrition community continues to urge policymakers to “accelerate” progress on nutrition. The U.S. government, as a key stakeholder and investor in global nutrition, should tailor its investments to lead this work.

The world cannot afford to ignore malnutrition. Fortunately, humanity has the knowledge needed to prevent and treat conditions such as stunting, wasting, anemia, and deficiencies in essential nutrients. The value of a human life is incalculable, and the financial costs of improving nutrition are modest compared with the decades of health and productivity that proper nutrition can unlock. World leaders—including the U.S. government—must commit to renewed efforts to end malnutrition for good.

### Countries that are making rapid progress on nutrition

The goal of this paper is to identify the ingredients that enable some countries to speed up their progress toward ending malnutrition, so that the rest of the world, including the U.S. government, can learn from their successes in order to improve their own nutrition investments, including their foreign assistance. Some countries have made truly dramatic strides forward—and most of these nations are not wealthy. Figures 2 and 3 show the countries that have made the most rapid progress on reducing stunting and wasting since the turn of the century, as of 2019.

FIGURE 1: MATERNAL, INFANT AND YOUNG CHILD NUTRITION TARGETS



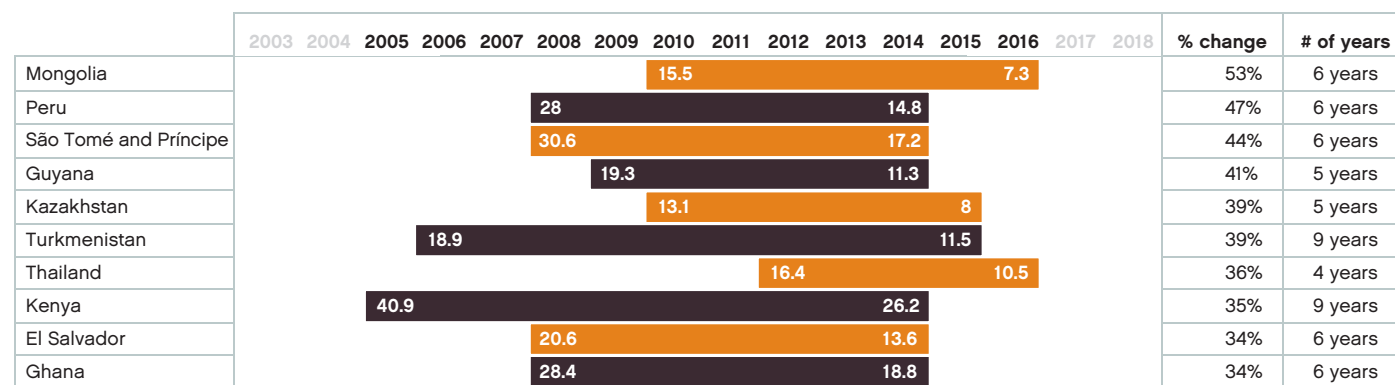
Source: Global Nutrition Report

Stunting is the lifelong damage caused by chronic malnutrition in early childhood. Mongolia and Peru have proven that not only can stunting be prevented, but significant improvements can be made quickly. Both countries cut their child stunting rates in half in only six years, progressing at twice the rate of most countries.

Meanwhile, Morocco and São Tomé and Príncipe reduced their rate of wasting—which, as mentioned earlier, is a life-threatening form of malnutrition—by 79 percent and 65 percent, respectively. And Azerbaijan reduced its wasting rate by more than half in just two years! Because wasting that is not treated in time causes the preventable deaths of hundreds of thousands of young children every year, it is hopeful and inspiring to see that rapid progress can be and has been made.

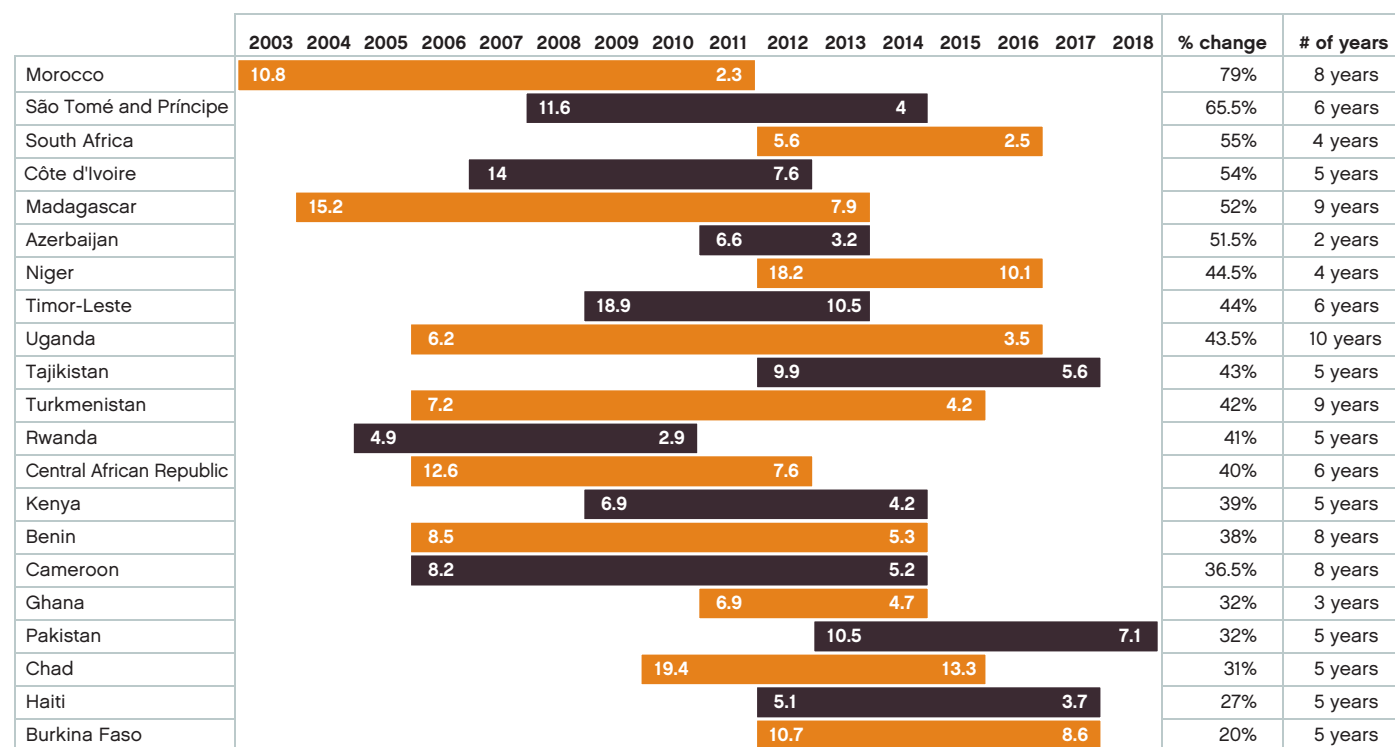
Each country that has made rapid progress has its own story, nutrition contexts, and challenges. But it is still possible to identify common ingredients that have been critical to their success.

FIGURE 2: PROGRESS ON STUNTING AT NATIONAL LEVELS



Source: WHO, UNICEF, World Bank

FIGURE 3: PROGRESS ON WASTING AT NATIONAL LEVELS



Source: WHO, UNICEF, World Bank



## Making progress possible

It is clear that investments in direct nutrition services are needed to prevent and treat wasting and to reduce stunting. Such services include treatment or preventive treatment of children affected by wasting, multiple micronutrient supplementation for pregnant women, adequate breastfeeding/complementary feeding for infants, and Vitamin A supplementation for children.

But a cursory look at data from the countries that have made the most progress on stunting and wasting reveals some other commonalities that have also enabled progress. This paper does not assign causality or argue that these factors are necessary or sufficient for improved nutrition. Instead, it points out characteristics that can create a favorable environment that makes it possible to make rapid improvements in nutrition. See Annex 1 for a list of the country data included in the analysis and Annex 2 for a full list of commonalities among the countries.

### Increasing GDP and reducing poverty

Malnutrition is an indicator of poverty, though it is also true that many countries with strong economic growth and increasing per-capita incomes in recent years are now facing an emerging “double burden” of malnutrition, with overweight and obesity coexisting with undernutrition. Families with higher incomes may be able to afford more nutritious, diverse foods if they are available in the market, but it does not follow automatically that they actually buy and consume these foods.

Do rising national incomes lead to improved nutrition? Unfortunately, the current evidence does not support a “yes.” Thus far, no strong correlation between gross domestic product (GDP) growth and reduced malnutrition has been established. The World Bank found that steady growth in GDP of 2.5 percent annually would reduce malnutrition by 27 percent in 25 years,<sup>6</sup> an extremely slow rate of progress. Another study found that a 10 percent increase in GDP per capita reduces child stunting by 2.7 percent.<sup>7</sup>

#### COMMON FACTORS

- Increasing GDP
- Reducing poverty
- Nutritious, diverse foods
- Women’s empowerment
- Reducing inequity and inequality
- Water, sanitation, and hygiene
- Increased funding
- Social protection systems
- Governance
- Peace and stability

#### BOX 3: METHODOLOGY

The paper analyzes similarities and differences among countries that have made the most significant progress on reducing their rates of stunting or wasting. The indicators, or categories, to be analyzed were chosen based on the data in Scaling Up Nutrition (SUN) countries’ Monitoring, Evaluation, Accountability, and Learning (MEAL) reports and in Global Nutrition Report profiles, as well as on other factors known to be associated with nutrition.

Bread for the World Institute staff began by evaluating all low- and middle-income countries that had data indicating that in any period of 10 years or less since 2000, they had reduced their rate of stunting or wasting by more than 30 percent. The five countries that made the most dramatic progress on stunting or wasting were selected for further evaluation.

These countries were also compared to countries whose rates of stunting or wasting declined less significantly, remained the same, or increased. The comparison countries were chosen from among SUN member countries, based on the availability of data.

#### BOX 4: LIMITATIONS

This analysis is an observational survey of countries using publicly available, aggregated data. There are many indicators that are known or assumed to influence nutritional status that could not be considered in this paper because of insufficient data for meaningful comparison. These indicators include, for example, national budget data, the scale and degree of coverage of nutrition-specific services, and the level of private sector engagement.

This paper sets out to provide an overview of common factors or trends in countries that are making progress on nutrition. It does not attempt to identify causative factors based on statistically significant associations. Other researchers have studies currently in progress that include a rigorous quantitative analysis component,<sup>8</sup> and this analysis complements those initiatives and contributes to the conversation about taking a holistic approach to improving the lives and nutrition of women and children.

It appears that economic growth is an enabling factor for improved nutrition, but it is not sufficient in and of itself to generate meaningful progress. One economist termed increasing GDP a “modestly pro-poor” factor. This is because, in many countries, few of the gains from higher GDP and an expanding economy reach low-income people. Rather, it is wealthy people, corporations, and sometimes middle-class families that benefit from economic growth. The current evidence shows that more rapid progress on nutrition depends heavily on reducing poverty and prioritizing increased incomes for low-income households.

It is quite possible that, rather than increased GDP leading to improvements in nutrition, it is the other way around: economic growth is the result of better nutrition. Studies have shown that improving nutrition could boost the economies of some countries by up to 11 percent annually.<sup>9</sup>

#### *Country Context: Kazakhstan*

Because poverty is an underlying cause of malnutrition, reducing poverty is critical to making sustainable improvements in nutrition. Kazakhstan, which has made rapid progress on stunting, has had a Poverty Reduction Program in place each year since 1999.<sup>10</sup> The programs focus mainly

on creating jobs, reducing unemployment, and establishing social protection plans. Program planners, understanding the complexity of poverty, have also chosen to invest in helping people meet other basic needs, such as health care, education, housing, utilities, and/or transportation.

#### **Availability and consumption of diverse, nutritious foods**

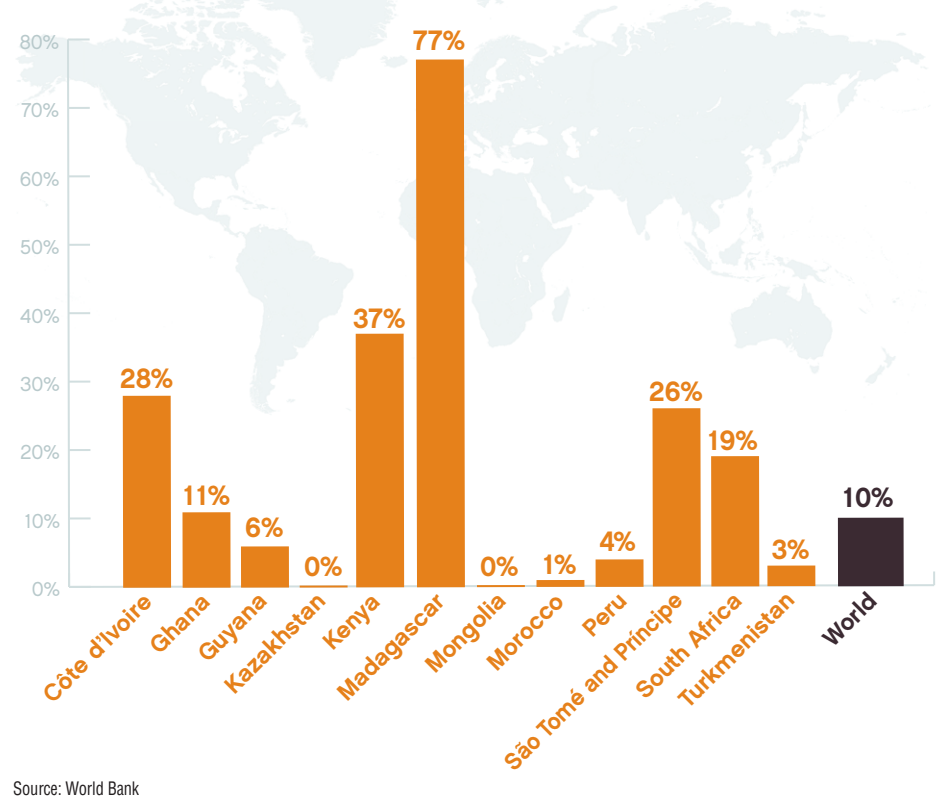
Dietary diversity is a critical component of improved nutrition, but many malnourished people do not have access to or cannot afford to eat a variety of nutritious foods such as fruits, vegetables, pulses, and animal-source foods. It seems clear that if a country is rapidly improving its overall levels of nutrition, then people are motivated to eat a variety of nutritious foods, can find them in nearby markets and stores, and, of course, can afford them.

In many countries, especially in sub-Saharan Africa, the agricultural

sector is largely focused on cash crops and staple crops. Cash crops are crops produced for commercial purposes—not for the household, but for local markets or, in some cases, the export market. Often, they are not food; some examples are coffee, tea, cotton, and tobacco. While selling these crops can bring money into the household, they do not contribute nutritional value to help meet people’s dietary needs, nor does the additional income necessarily lead to better family nutrition.

Staple crops are generally grains; some examples are maize (corn), millet, rice, sorghum, and cassava. Most people in low-income countries get their calories primarily from their local staple grain. Staple crops are typically lower in key nutrients than other crops, but they usually provide sufficient calories. They can also support access to more nutritious foods—for example, when they are fed to dairy cows.

FIGURE 4: **POVERTY RATES IN COUNTRIES MAKING PROGRESS**



Both cash and staple crops are important, but the emphasis on these crops has historically left little room or time to grow more nutritious foods for consumption and for sale in the market. Producing nutritious food for the market not only brings income to the household but also contributes to better nutrition for customers.

Countries that have rapidly reduced stunting, or both stunting and wasting, also either increased or maintained the quantities of fruits and vegetables available per person. In these countries, the population as a whole increased the diversity of their diets.

**Country Context: Ghana**

One way the government of Ghana has helped increase the supply of fruits and vegetables in the country’s markets is through the Ghana Agricultural Insurance Program, which it co-finances and co-implements in partnership with the government of Germany.<sup>11</sup> One of the insurance products offered is Drought Index Insurance, which assumes some of the risk that smallholder farmers incur by choosing to produce vegetable crops, which tend to be more vulnerable to drought. Having insurance makes it more feasible and less risky for smallholder farmers to grow vegetables and fruits.

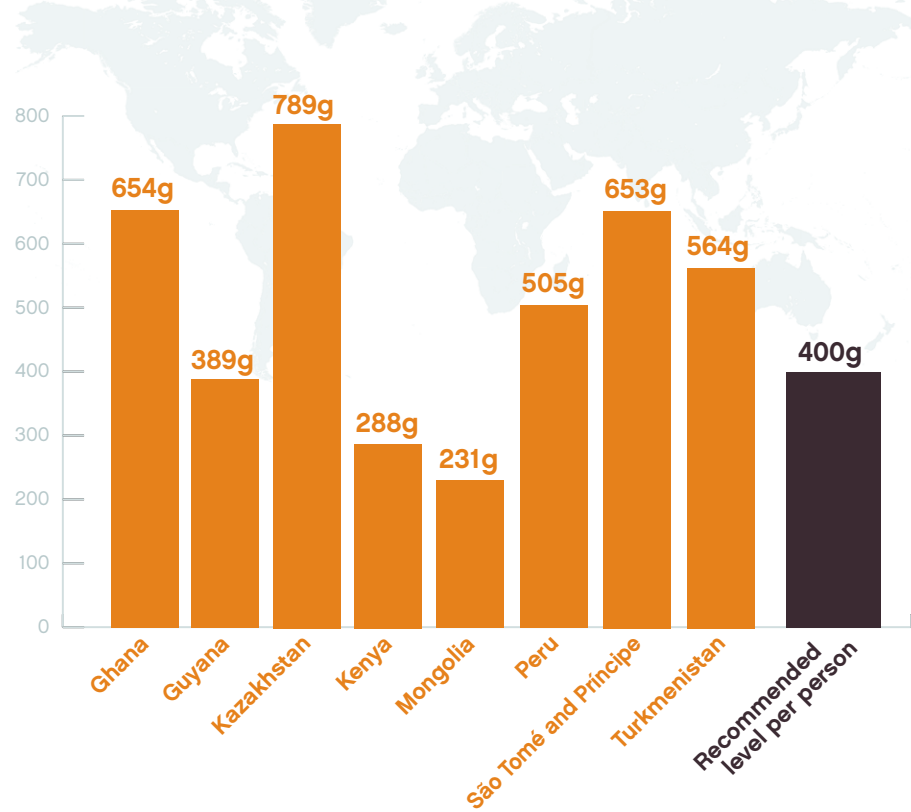
**Women’s empowerment**

Researchers continue to uncover more and more evidence of the strong connections between women’s empowerment and good nutrition.<sup>12</sup> The degree of respect for women’s rights and personal agency affects every sphere of human life, both because slightly more than half the global population is female and because women give birth to children and, in most societies, assume the majority of the responsibility for raising them. One of the most critical duties of parents is to feed their children.

In countries that made more rapid progress on nutrition, maternal health\* was consistently better than in countries that had not. Also, countries that made more dramatic progress on nutrition are also showing consistent increases in the percentage of girls enrolled in secondary education. In most cases, these countries have higher female secondary school enrollment rates than peer countries.

Maternal mortality and poor nutrition reinforce each other in a vicious circle. Malnutrition during pregnancy increases a woman’s risk of death during pregnancy, childbirth,<sup>13</sup> and children whose mothers die when they are born or as a result of a subsequent pregnancy are more likely to die themselves and more likely to be malnourished if they survive.<sup>14</sup>

FIGURE 5: **AVAILABILITY OF FRUITS AND VEGETABLES PER PERSON IN COUNTRIES MAKING PROGRESS**



Source: Global Nutrition Report

\*For this paper, maternal health was assessed based on two data points: access to prenatal care and the rate of maternal mortality.

Good nutrition and doing well in school also go hand-in-hand. Children who were well-nourished as infants and toddlers are better able to learn in school because their brains got the right nutrients during the 1,000-day window before age 2, the most important period for human nutrition. Children also need to eat nutritious meals when they are of school age, of course, so that they can focus on what they are learning rather than on their empty stomachs.

Not only does better nutrition support education, but education, particularly girls' education, supports good nutrition. In countries around the world, researchers have found that women are more likely to invest any additional income in their children's health and education. Educated women are

more likely to have access to enough income to feed their families nutritious meals, and even if they have little income, they are better equipped to make decisions about how to allocate what they do have. If two women live next door to each other in a poor community, and one has finished eighth grade while the other never went to school, the first woman's children are far more likely to survive. According to UNESCO, childhood stunting in low-income countries as a group could be reduced by 26 percent if all women completed secondary school.<sup>15</sup>

#### *Country Context: Morocco*

Morocco's rate of girls in secondary school is on the increase. The latest data indicate that 54 percent of adolescent girls are in school.<sup>16</sup> Primary education is compulsory and free. The government has established policies and programs designed to help reduce the gender gap in secondary educa-

tion, including providing transportation to and from school for girls who live in rural areas and providing staple foods (flour and oil) to families who send their daughters to school.<sup>17</sup>

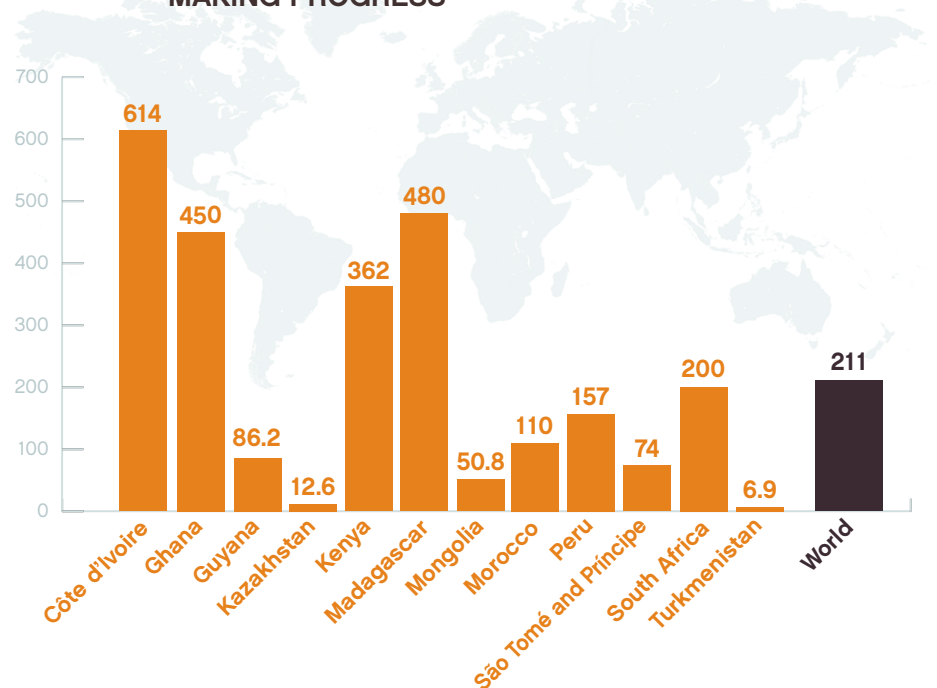
### Reducing inequality and inequities

Another element common to countries that have made faster progress on nutrition is that they are prioritizing efforts to improve equity.<sup>18</sup> Most if not all countries have groups of people who have historically been marginalized or oppressed. This can take many forms and usually includes suffering from higher rates of poverty and malnutrition. Thus, promoting equity generally involves investments and initiatives specifically tailored toward such groups, with the ultimate goal of making people of a given ethnicity, religion, race, gender, or other identity trait no more likely to be malnourished than people not of that identity.

According to the Gini Index, which measures national income distribution, the countries making faster progress on reducing stunting, wasting, or both have less income inequality than peer countries.

**The key to making progress that is more sustainable and less piecemeal is to target additional resources and services to people and groups at higher risk of malnutrition.**

FIGURE 6: **MATERNAL MORTALITY RATIO IN COUNTRIES MAKING PROGRESS**



Source: World Bank



Broadly speaking, malnutrition rates are higher in rural areas and among poorer communities. The key to making progress that is more sustainable and less piecemeal is to target additional resources and services to people and groups at higher risk of malnutrition.<sup>19</sup> See the “Social Protection” section for more on programs that do this.

**Country Context: Guyana**

Several countries that have made more progress on nutrition have sought to reduce inequities by targeting investments to the communities and households that are at highest risk of malnutrition because of these very inequities.

For example, Guyana’s Basic Nutrition Program, co-funded with the Inter-American Development Bank, is a national program that also has as a main objective ensuring that children in Guyana’s hinterland or interior regions receive health and nutrition services. These areas are rural and their residents are part of Indigenous communities and/or lower-income households.<sup>20</sup> The Basic Nutrition Program’s efforts in these areas are credited with reducing stunting in the interior regions by 21 percent.<sup>21</sup> Guyana reduced its national stunting rate by 41 percent in just five years. A key ingredient in this success was the Basic Nutrition Program’s nutrition services for the country’s most vulnerable and marginalized groups.

**Water, Sanitation, and Hygiene (WASH)**

Access to safe drinking water, improved sanitation, and hygiene (WASH) has an important positive impact on nutrition. Researchers continue to find evidence of associations between improved WASH and lower rates of undernutrition.<sup>22</sup> In fact, the World Health Organization (WHO) estimates that about half of the total global burden of malnutrition can be attributed to poor WASH.<sup>23</sup> Countries that made faster progress on stunting had consistently higher rates of household access to WASH. Access to improved sanitation facilities appears to be especially important in countries that made progress on wasting or on both wasting and stunting.

Safe WASH services and practices can help solve both immediate and underlying causes of malnutrition. This makes sense because children who are getting the right nutrients can nevertheless become malnourished if they do not have access to clean water. Diseases such as diarrhea interfere with the absorption of nutrients. Access to safe drinking water nearby also frees up time that women and girls in the household would otherwise have to spend walking to collect water and bring it home—sometimes several miles each way. They can instead use this time in ways that ultimately benefit themselves and their children, such as working for pay, studying, or giving children one-on-one attention.<sup>24</sup>

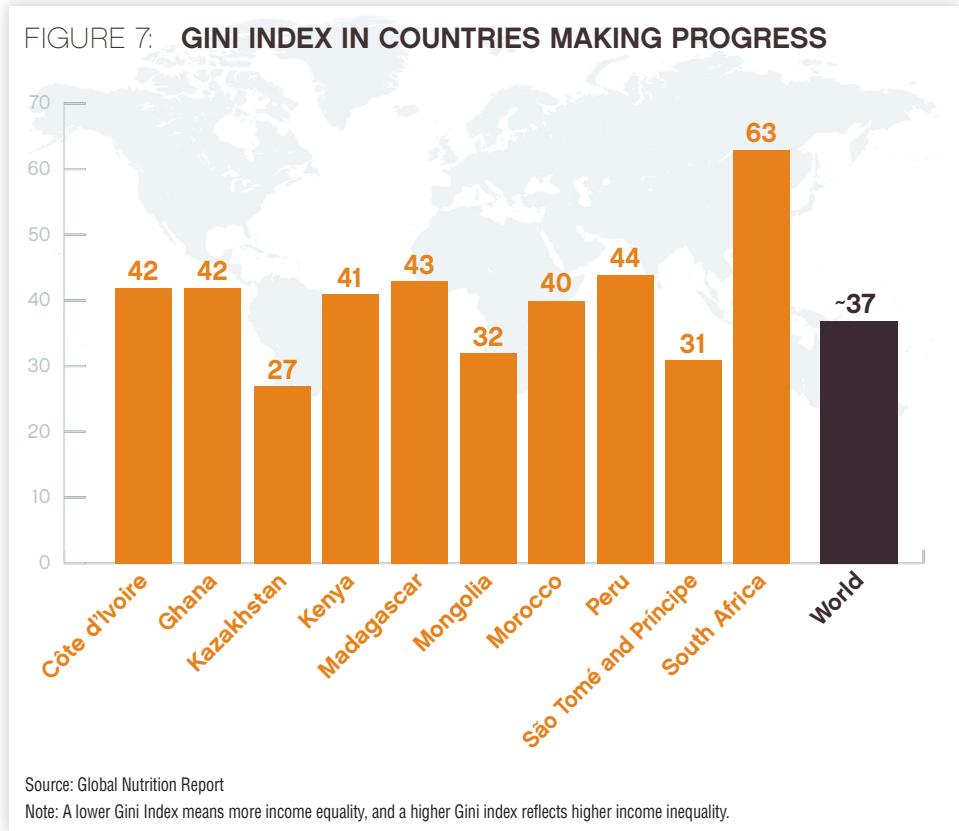
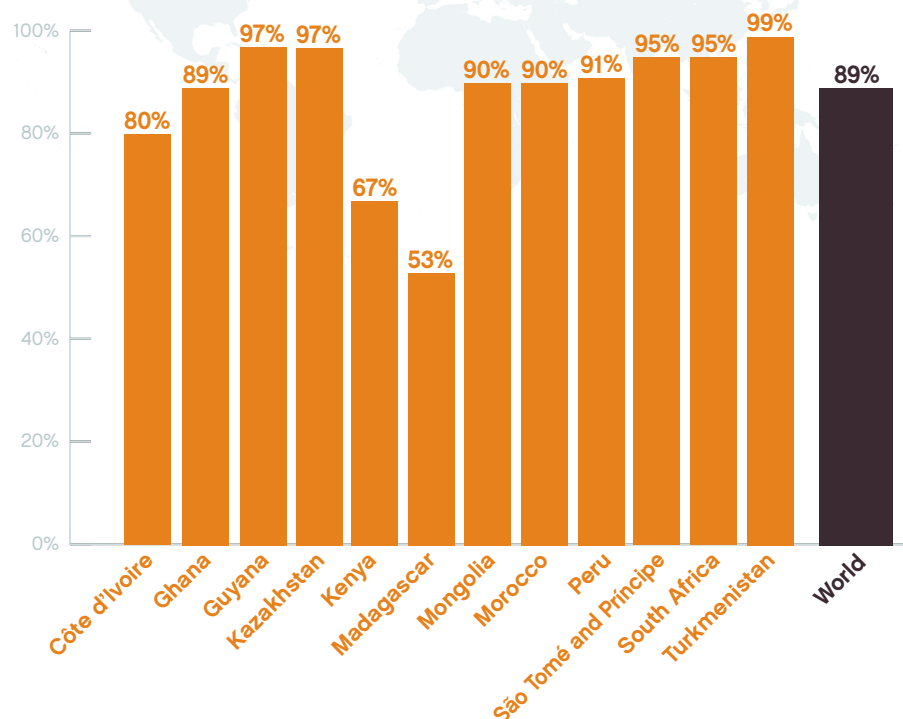


FIGURE 8: ACCESS TO SAFE DRINKING WATER IN COUNTRIES MAKING PROGRESS



Source: WHO/UNICEF Joint Monitoring Program

### Country Context: Turkmenistan

Many countries have national strategies or policies to improve WASH, but local-level work is essential to ensure that services are designed to meet local needs, and that families actually use the services available by providing them with information, answering their questions, and resolving any barriers.

In Turkmenistan, for example, the U.N. Development Program (UNDP) worked with the State Committee on Environment Protection and Land Resource of Turkmenistan in the country's Ahal region. The project helped people in the village of Konegummez rehabilitate a water reservoir that was no longer supplying water for drinking, household use, or irrigation.<sup>25</sup> The residents were able to make the reservoir functional again with support from UNDP and the state agency. The village now has the water it needs.

### Social Protection

Choices in how funding is allocated reveal a government's true priorities.

Whether there is adequate funding also, of course, determines whether policies and programs are actually implemented.

This analysis included a review of available data on the featured countries' federal expenditures on health, agriculture, education, and social protection programs.<sup>26</sup> Countries that have made rapid reductions in childhood stunting have also made substantial investments in social protection. In both Kazakhstan and Peru, this spending totaled more than 20 percent of the overall budget.

Some examples of social protection programs are free school meals, cash transfers to families with children that are designated for nutritious foods, and unemployment insurance. Another example

is public works programs, which hire workers to strengthen community assets such as roads and schools. Such programs have the dual advantages of building needed infrastructure while creating paid employment to support families. This also means that people are able to invest in stimulating their local economy.

The World Bank emphasizes that social protection systems help families "cope with crises and shocks, find jobs, invest in the health and education of their children, and protect the aging population."<sup>27</sup>

They serve as a cushion against circumstances beyond the control of any individual or community, such as the COVID-19 pandemic. Ideally, every country would have a plan and resources for emergency response to an event or condition that may be costing lives, destroying livelihoods, causing longer-term health problems in survivors, severely damaging local economies, or all of the above.

**Choices in how funding is allocated reveal a government's true priorities.**

### Country Context: Peru

Peru reduced its stunting rate by more than half in just eight years, from 28 percent in 2008 to 13 percent in 2016. Between 2007 and 2011, the government also more than doubled its annual investment in the national nutrition strategy.<sup>28</sup>

This impressive progress was the result of a perfect “recipe”—all stakeholders coming together in a coordinated effort. Civil society carried out a cohesive and strategic advocacy campaign. The national government mobilized significant political will for improvements in the country’s overall level of nutrition, and it followed up by dedicating substantial resources to achieving those improvements. International donors such as the World Bank supported these efforts.

One major investment was in social protection programs that support good nutrition. Peru’s Juntos program was targeted to households with the greatest

need. It gave pregnant women and mothers of children under 2 a sum of money (200 Peruvian soles, about \$56, every two months), in exchange for participating in available health and nutrition services. In 2016, Juntos reached 772,000 households, or about one quarter of Peru’s poor households.<sup>29</sup>

An older program, launched in 2002, is Seguro Integral de Salud (SIS), a comprehensive public health insurance plan designed for the poorest households. Families who participate in SIS do not have to pay out-of-pocket for basic health and nutrition services. SIS has been gradually extended to cover more households. In 2005, 32 percent of the poorest households had health insurance. By 2014, 75 percent did.<sup>30</sup>

### International Financing

The World Bank’s Investment Framework for Nutrition, developed in 2017, identified wide gaps between the funding currently available for nutrition and the funding that is needed to adequately resource nutrition policies and programs.

#### BOX 5: GOVERNMENT SPENDING ON NUTRITION

The available data shows that some of the countries that have made rapid progress have increased their spending on nutrition. However, there is insufficient supporting data on nutrition spending to conclude that “higher levels of nutrition spending” is a commonality among countries making significant progress.

The SUN Movement supports member countries in obtaining and analyzing the data needed to track their progress. Of the 61 SUN countries, 50 have analyzed their nutrition spending, and 32 now

have data on their spending over time.<sup>31</sup> Of the 32 countries, only 15 have increased their spending on nutrition over time, and only 11 increased their nutrition-specific spending, or support for programs that provide direct services such as micronutrient supplements or treatment for malnutrition. Most national nutrition expenditures are nutrition-sensitive investments, meaning that they are programs in other sectors, such as agriculture, health, or WASH, that help address the causes of malnutrition.

FIGURE 9: SOCIAL PROTECTION SPENDING IN COUNTRIES MAKING PROGRESS

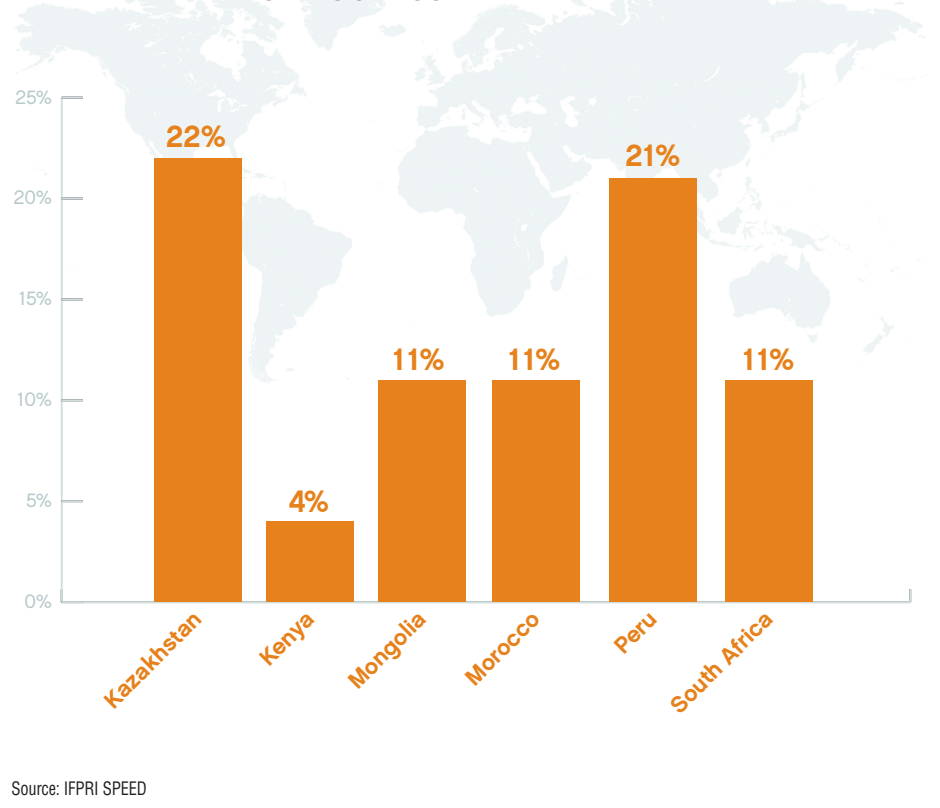
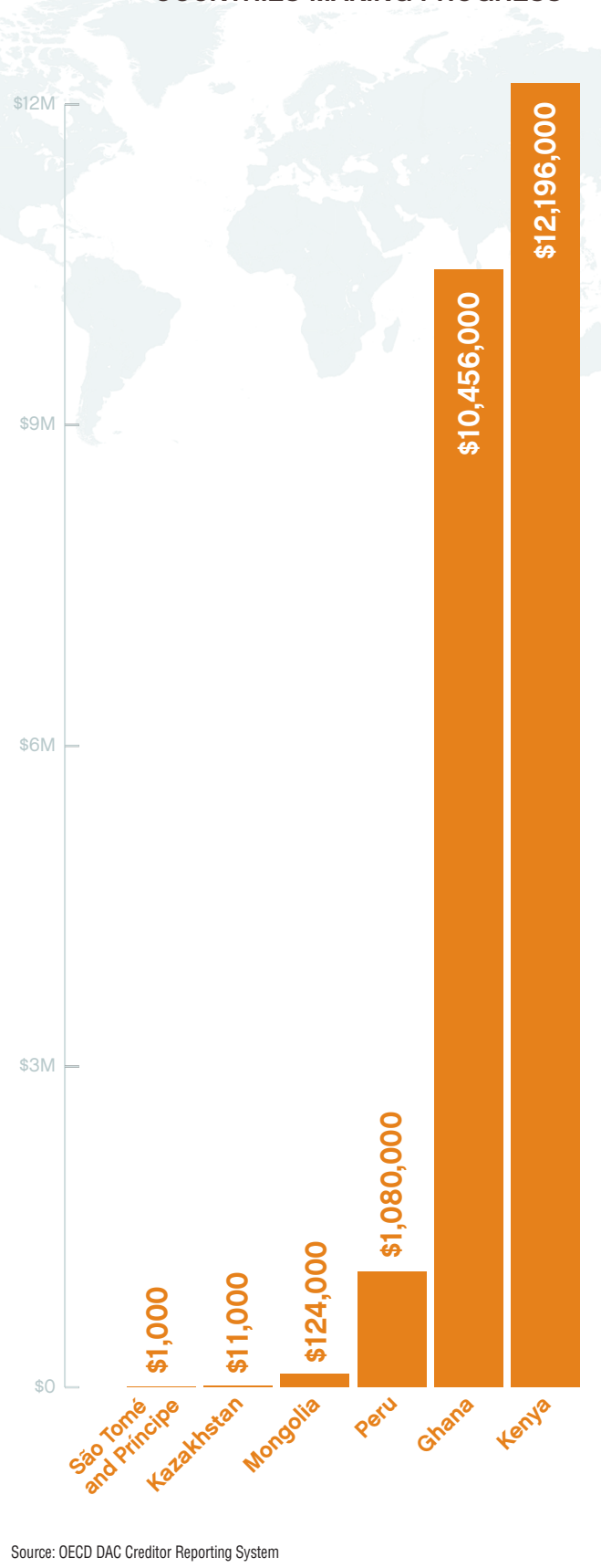


FIGURE 10: **OFFICIAL DEVELOPMENT ASSISTANCE FOR NUTRITION IN COUNTRIES MAKING PROGRESS**



National governments cannot currently meet all the needs using only their own resources. The countries that made significant progress on both stunting and wasting were those that received steady or increasing amounts of Official Development Assistance (ODA)—which is, generally, aid from another government or a global organization—for basic nutrition. Perhaps the additional investment from donors helped ensure that countries could make progress on both stunting and wasting—in other words, on both chronic and acute malnutrition—at the same time.

**Country Context: Kenya**

Kenya spends nearly all of its national nutrition budget on treating children with acute malnutrition in its arid and semi-arid regions. Assistance from bilateral and multilateral donors, including funding through the U.S. Agency for International Development (USAID), also goes partly to help children in immediate danger, but it includes funding to prevent malnutrition in other parts of Kenya as well.<sup>32</sup>

**Governance**

The Scaling Up Nutrition (SUN) Movement has four strategic objectives (see Box 6). Each is now proving to be an important element of good nutrition governance, as evidenced by the fact that all the SUN countries that are making rapid progress on nutrition have also been making faster progress than their peers on reaching the objectives.

To join the SUN Movement, countries are required to develop or revise a national plan, strategy, or policy to scale up nutrition. This process must engage a range of stakeholders, including multiple line ministries (e.g., health, agriculture, and education).

Having a national nutrition plan will not by itself improve nutrition. But it is an important first step because it signals that the nation is committed to the goal, and political will is necessary to move forward. The process of putting a plan in place helps stakeholders identify a way forward that makes sense in their country’s specific situation, and it engages people in working together in an effort that enjoys broad support. Without a government-led strategy, progress is far less certain since stakeholders might not be well coordinated, leading to

**BOX 6: SUN MOVEMENT STRATEGIC OBJECTIVES**

- Bringing people together
- Establishing a coherent policy and legal framework
- Aligning programs around a common results framework
- Implementing financial tracking and resource mobilization



duplication of effort or large gaps in important areas of work. Stakeholders would also have more difficulty holding the government accountable for demonstrating progress on nutrition.

**Country Context: Côte d’Ivoire**

Côte d’Ivoire’s latest SUN Movement country update indicates that it has met 96 percent of the SUN Movement Objectives.<sup>33</sup> Côte d’Ivoire adopted a national multi-stakeholder nutrition platform in 2015 that, with some adjustments, is still in use today. There has been a national nutrition policy since 2010, which was revised in 2016 to incorporate actions in other sectors such as agriculture, health, and WASH. There are multiple presidential directives and laws focused on creating an enabling environment for nutrition. Côte d’Ivoire has also established a national nutrition data management system, and the government tracks both nutrition-specific and nutrition-sensitive investments in its annual budget.<sup>34</sup>

**Peace and Stability**

The Institute for Economics and Peace ranks countries on its annual Global Peace Index based on their scores in three domains: ongoing conflict, safety and security, and militarization. It is not surprising that almost all\* of the countries identified in this paper as making rapid progress on nutrition are ranked medium or high on the Global Peace Index (see Table 1 for the 2019 index).<sup>35</sup>

It is not hard to see how conflict and insecurity contribute to malnutrition. Conflict often disrupts people’s livelihoods, making it difficult or impossible for families to afford a nutritious diet and health care. Basic services may also be limited or unavailable. Even if clinics, markets, and other facilities remain open, insecurity can make it too dangerous for families to travel to them. People who are displaced inside their own countries, as well as refugees, often lose their assets, any savings, and their means of earning a living. They are no longer able to provide for themselves; often their only means of survival is to receive outside aid. Countries at peace, without any of these obstacles, are simply more likely to have environments with the positive features needed to make rapid progress on nutrition.

The United States and other donors that provide emergency services to people who are displaced by conflict or disaster should make nutrition—more specifically, providing people with the right nutrition at the right time—a top priority. As earlier mentioned, this is particularly important for pregnant women and children under 2. Stunting as a result of malnutrition during this time is considered irreversible; what might be a few months of hardship for an older child amounts to a life sentence of poor health and developmental delays for babies and toddlers.

**Country Context: Madagascar**

Madagascar, like many other countries, has experienced political turmoil both recently and in the more distant past. The country’s progress on wasting coincides with its more peaceful and stable periods. Madagascar confronted violence in 2001 and 2002 that was linked to disputed elections and to President Didier Ratsiraka’s being forced out of power. Between 2002 and 2008, the country and its government were relatively stable and received support from the United States and the World Bank.<sup>36</sup> This was in fact the period when Madagascar began to make rapid progress on reducing wasting. This progress continued through 2013. Wasting was cut in half during the period 2004 to 2013, and this progress continued despite multiple cyclones and a coup in 2009.

TABLE 1: PEACE IN COUNTRIES MAKING PROGRESS

Country	Level	Rank
Mongolia	High	42
Ghana	High	44
Madagascar	High	55
Kazakhstan	High	64
Peru	Medium	80
Morocco	Medium	90
Guyana	Medium	92
Côte d’Ivoire	Medium	107
Turkmenistan	Medium	115
Kenya	Low	119
South Africa	Low	127
Sao Tome and Principe	--	--

Source: Global Peace Index 2019

\*South Africa and Kenya rank “Low” on the 2019 Global Peace Index, but this was skewed by their rankings in the “Safety and Security” domain. No data was available for São Tomé and Príncipe.

## Conclusion

It is easier to achieve and sustain good nutrition in countries and communities that have also made progress in other areas, such as health, education, and economic development. Investment in nutrition services is critical, but a positive environment in the most holistic sense for both women and children enables them to access and absorb more nutrients and improve their nutritional

**A positive environment in the most holistic sense for both women and children enables them to access and absorb more nutrients and improve their nutritional status.**

status. While there is no one-size-fits-all approach that will produce good nutrition for everyone, we have seen that countries that are making faster progress have several ingredients in common that support their success. The U.S. government and other key stakeholders should look more deeply at these characteristics that help make faster progress possible and adjust their nutrition investments to support them.

## Appendix 1 (Sources: Global Nutrition Report, World Bank, WHO/UNICEF Joint Monitoring Programme, SUN Movement)

Progress on stunting	Guyana	Kazakhstan	Mongolia	Peru	São Tomé and Príncipe	Average	Comparison country average
Poverty rate	Decreasing 7%	Decreasing 0%	Decreasing 0%	Decreasing 4%	Decreasing 26%	7.20%	8%
GDP per capita	Increasing \$7,838	Steady \$24,904	Steady \$11,841	Increasing \$13,006	Steady \$3,006	\$11,726	\$14,519
GINI		28	32	43	31	33.5	46
Availability of fruits/vegetables	Increasing 389g	Increasing 789g	Increasing 231g	Increasing 505g	Increasing 653g	513g	365g
% total calories from non-staples	Steady 52%	Increasing 67%	Steady 53%	Steady 44%	Increasing 59%	55%	44%
Early childbearing	16%	2%	2%	16%	27%	12.2%	17%
Female secondary education	Increasing 86%	100%	Steady 86%	Steady 83%	Increasing 68%	85.6%	70%
Gender inequality index	0.5	0.2	0.3	0.37	0.54	0.382	0.47
Access to water (at least basic)	96%	95.6%	83%	91%	84%	94%	86%
Access to sanitation (basic and limited)	96%	100%	86%	85.2%	49%	83%	56%
Access to hygiene (basic)	77%	99%	71%		41%	72%	64%
Maternal mortality	86.2	12.6	50.8	157	74	76	263
Prenatal care	90.7%	99.3%	98.7%	97.0%	97.5%	96.6%	94.7%
Government expenditures		Social protection - 22% Education - 8% Health - 9% Agriculture - 4%	Social protection - 11% Education - 22% Health - 10% Agriculture - negligible	Social protection - 21% Education - 9% Health - 6 Agriculture - negligible Nutrition - 4.64%			
ODA for basic nutrition	Increasing	Small/none 0.011	Decreasing 0.124	Bump/decreasing 1.080	Steady/small 0.001	0.304	0.167
Multi-sectoral nutrition strategy	Yes	Yes	Yes	Yes	Yes	Yes	
SUN Movement	No	No	No	Yes, 2010	No		
Nutrition Authority				Prime Minister			
SAM treatment							1%
Vitamin A Supplementation							48%
Antenatal iron and folic acid supplements				45%		45%	45%
High impact nutrition interventions coverage sub-national							
Minimum acceptable diet							37%
Minimum dietary diversity				83%		83%	36%
SM processes score				74%		74%	60%

Continued

Progress on stunting	Guyana	Kazakhstan	Mongolia	Peru	São Tomé and Príncipe	Average	Comparison country average
Budget spending per U5				\$105.20		\$105.20	\$16.19
% budget nutrition-specific				12.7%		12.7%	4.0%
Donor spending per U5 child stunted				\$48.08		\$48.08	\$1.02
Soc prot coverage				56%		56%	56%
Legislation				83%		83%	60%

Progress on wasting	Côte d'Ivoire	Madagascar	Morocco	São Tomé and Príncipe	South Africa	Average	Comparison country average
Poverty rate	Steady 28%	Steady 77%	Decreasing 1%	Decreasing 26%	Decreasing 19%	30.20%	8%
GDP per capita	Increasing \$3,890	Increasing \$1,483	Increasing \$8,108	Steady \$3,006	Steady \$12,295	\$5,756.40	\$14,519
GINI	42	43	40	31	63	43.8	46
Availability of fruits/vegetables	Steady 320g	Steady 172g	Increasing 596g	Increasing 653g	Steady 222g	392.6g	365g
% total calories from non-staples	Steady 34%	Decreasing 21%	Increasing 40%	Increasing 59%	Increasing 48%	40.4%	44%
Early childbearing	31%	36%	8%	27%	15%	23.4%	17%
Female secondary education	Increasing 33%	Steady 30%	Increasing 63%	Increasing 68%	Increasing 84%	55.6%	70%
Gender inequality index	0.67		0.48	0.54	0.39	0.52	0.47
Access to water (at least basic)	73%	54%	87%	84%	93%	78%	86%
Access to sanitation (basic or shared)	54%	26.1%	92%	49%	91%	62%	56%
Access to hygiene (basic)	19%			41%	44%	35%	46%
Maternal mortality	614	480	110	74	200	295.6	263
Prenatal care	93.2%	87.0%	77.1%	97.5%	93.7%	89.7%	94.7%
Government expenditures	Agriculture - 6%	Nutrition - 1.21%	Social protection - 11% Education - 21%		Social protection - 11% Education - 5%		
ODA for basic nutrition	Small/bump 0.005	Bump/Decreasing 0.410	Small/bump 0.131	Steady/small 0.001	Steady 0.284	0.166	0.167
Multi-sectoral nutrition strategy	Yes	Yes	Yes	Yes	Yes	Yes	
SUN Movement	Yes, 2013	Yes, 2012	No	No	No		
Nutrition Authority	Prime Minister	Prime Minister					
SAM treatment	12%	16%				14%	1%
Vitamin A Supplementation	94%	87%				90.5%	48%
Antenatal iron and folic acid supplements	25%	8%				16.5%	45%
High impact nutrition interventions coverage sub-national	100%					100%	76%
Minimum acceptable diet	14%					5%	37%
Minimum dietary diversity	23%	22%				15%	36%
SM processes score	96%	61%				74.5%	60%
Budget spending per U5	\$0.18	\$1.49				\$0.84	\$16.19
% budget nutrition-specific	1.3%	3.9%				2.6%	4%
Donor spending per U5 child stunted	\$4.29	\$6.77				\$5.68	\$1.02
Soc prot coverage	27%	0%				13.5%	56%
Legislation	79%	63%				71%	60%

Progress on both stunting and wasting	Ghana	Kenya	São Tomé and Príncipe	Turkmenistan	Average	Comparison country average
Poverty rate	Decreasing 13%	Decreasing 37%	Decreasing 26%	Decreasing 3%	20%	8%
GDP per capita	Increasing \$6,112	Increasing \$3,379	Steady \$3,006	Increasing \$17,825	\$7,581	\$14,519
GINI	44	41	31		38	46
Availability of fruits/vegetables	Increasing 654g	Steady 288g	Increasing 653g	Increasing 564g	540g	365g

Continued

Progress on both stunting and wasting	Ghana	Kenya	São Tomé and Príncipe	Turkmenistan	Average	Comparison country average
% total calories from non-staples	Increasing 37%	Increasing 47%	Increasing 59%	Increasing 42%	45%	44%
Early childbearing	17%	23%	27%	1%	17%	17%
Female secondary education	Increasing 60%	Increasing 47%	Increasing 68%		58%	70%
Gender inequality index	0.54	0.55	0.54		0.542	0.47
Access to water (at least basic)	81%	59%	84%	99%	81%	86%
Access to sanitation (basic and limited)	69%	51%	49%	100%	67%	56%
Access to hygiene (basic)	41%	25%	41%	100%	52%	55%
Maternal mortality	450	362	74	6.9	223	263
Prenatal care	90.5%	93.7%	97.5%	99.6%	95.3%	94.7%
Government expenditures	Education - 15% Nutrition - 1.21%	Social protection - 4% Education - 21% Health - 6% Agriculture - 6% Nutrition - 0.7%				
ODA for basic nutrition	Decreasing 10.456	Increasing 12.196	Steady/small 0.001		7.551	0.167
Multi-sectoral nutrition strategy	Yes	Yes	Yes	No		
SUN Movement	Yes 2011	Yes 2012	No	No		
Nutrition Authority	National Development Planning Commission	Ministry of Health				
SAM treatment	15%	77%			46%	1%
Vitamin A Supplementation	50%	44%			47%	48%
Antenatal iron and folic acid supplements	59%	8%			34%	45%
HINI coverage sub-national						
Minimum acceptable diet	13%	22%			18%	37%
Minimum dietary diversity	24%	36%			30%	36%
SM processes score	59%	69%			64%	60%
Budget spending per U5		\$1.19			\$1.19	\$16.19
% budget nutrition-specific		1.2%			1.2%	4%
Donor spending per U5 child stunted	\$11.89	\$11.63			\$11.76	\$1.02
Soc prot coverage	1%				1%	56%
Legislation	79%	79%			79%	60%

Countries making progress on stunting	Stunting	Wasting	Anemia	Exclusive breastfeeding
Guyana	11.3%	6.4%	32.0%	21.1%
Kazakhstan	8.0%	3.1%	31.0%	37.8%
Mongolia	7.3%	1.0%	20.0%	46.0%
Peru	13.1%	1.0%	19.0%	69.8%
São Tomé and Príncipe	17.2%	4.0%	46.0%	71.7%

Countries making progress on wasting	Stunting	Wasting	Anemia	Exclusive breastfeeding
Côte d'Ivoire	21.6%	6.0%	53.0%	23.5%
Madagascar	49.2%	7.9%	37.0%	41.9%
Morocco	14.9%	2.3%	37.0%	27.8%
São Tomé and Príncipe	17.2%	4.0%	46.0%	71.7%
South Africa	27.4%	2.5%	26.0%	31.6%

Countries making progress on stunting and wasting	Stunting	Wasting	Anemia	Exclusive breastfeeding
Ghana	18.8%	4.7%	46.0%	52.1%
Kenya	26.2%	4.2%	27.0%	61.4%
São Tomé and Príncipe	17.2%	4.0%	46.0%	71.7%
Turkmenistan	12.0%	4.2%	33.0%	58.3%



## Appendix 2

### COMMONALITIES AMONG COUNTRIES MAKING RAPID PROGRESS AND/OR DIFFERENCES FROM PEER COUNTRIES

Countries making progress on stunting	Countries making progress on wasting	Countries making progress on stunting and wasting
<b>Mongolia, Peru, São Tomé and Príncipe, Guyana, and Kazakhstan</b> <ul style="list-style-type: none"> <li>Decreasing poverty rate</li> <li>Increasing GDP per capita</li> <li>Lower Gini coefficient</li> <li>Increasing availability of fruits and vegetables</li> <li>Increasing percentage of calories from non-staples</li> <li>Women's empowerment (female secondary education, delayed childbearing, lower gender inequality index, lower maternal mortality, prenatal care)</li> <li>Access to water</li> <li>Access to improved sanitation</li> <li>Access to hygiene</li> <li>Social protection spending and coverage</li> <li>ODA for basic nutrition</li> <li>Donor spending on nutrition</li> <li>Multi-sectoral nutrition strategy</li> <li>Minimum dietary diversity for children</li> <li>Progress on SUN Movement processes</li> <li>Budget spending for nutrition</li> <li>Legislation for nutrition</li> </ul>	<b>Morocco, São Tomé and Príncipe, South Africa, Côte d'Ivoire, and Madagascar</b> <ul style="list-style-type: none"> <li>Decreasing poverty rate</li> <li>Increasing GDP per capita</li> <li>Lower Gini coefficient</li> <li>Increasing availability of fruits and vegetables</li> <li>Access to sanitation</li> <li>Social protection spending</li> <li>Multi-sectoral nutrition strategy</li> <li>Coverage of high-impact nutrition interventions (including vitamin A and SAM treatment)</li> <li>Progress on SUN movement processes</li> <li>Legislation for nutrition</li> </ul>	<b>São Tomé and Príncipe, Turkmenistan, Kenya, and Ghana</b> <ul style="list-style-type: none"> <li>Decreasing poverty rate</li> <li>Lower Gini coefficient</li> <li>Increasing availability of fruits and vegetables</li> <li>Increasing percent of calories from non-staples</li> <li>Maternal health (maternal mortality, prenatal care)</li> <li>Access to sanitation</li> <li>ODA for basic nutrition</li> <li>Multi-sectoral nutrition strategy</li> <li>SAM treatment coverage</li> <li>Progress on SUN movement processes</li> <li>Legislation for nutrition</li> </ul>

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