

# Embedding nutrition in a post-2015 development framework

Putting an end to the current nutrition crisis by 2030 is possible, but only if nutrition is embedded within a post-2015 development framework. Undernutrition continues to afflict 170 million children worldwide and is responsible for nearly 3 million child deaths each year. The life-long and wide-ranging effects of undernutrition cannot be overstated – brain damage, immune system malfunction, weaker schooling attainment, lower workforce productivity, greater poverty and a greater susceptibility to chronic disease later in life. A new development framework must seek to establish a much clearer and stronger set of nutrition targets and indicators than exist within the current Millennium Development Goals (MDGs).

## Nutrition and the current MDG framework

Nutrition's only foothold in the current MDG framework has been as one of nine indicators under the three targets in MDG 1: the prevalence of underweight children under five years of age. As one of nine indicators in a goal 'owned' by the World Bank and the UN's Food and Agriculture Organization (FAO), the indicator tends to get lost. Nevertheless, the underweight indicator was probably an important way of legitimising increased development agency attention and investment in nutrition.

There has been significant progress in underweight reduction. At a global level, we are almost on track to halve 1990 underweight rates (25 per cent) by 2015. Despite this achievement, many key nutrition challenges remain. The effort to address them needs to be supported by a post-2015 framework. These challenges include:

### **1 Stunting rates have declined very slowly, especially in sub-Saharan Africa**

While there are African countries where stunting has reduced at a fairly rapid pace (e.g. Ghana, Ethiopia and Rwanda), at the regional level, sub-Saharan African stunting rates have barely moved in the last 20 years. This means that the number of African children that are stunted has

increased substantially from 9.5 million in 1990 to 13 million in 2010.

### **2 Wasting rates are very high in some countries**

Wasting rates define acute forms of undernutrition, where weight for height is low. Wasting is the result of a wide range of factors, including shocks such as floods and conflict, and also environmental hazards such as open defecation in South Asia. Rapid changes in wasting rates is one indication of the relative lack of resilience of a system to shocks. Wasting rates (moderate and severe) are highest in South Asia (16 per cent) and in sub-Saharan Africa (8.5 per cent) and since 1990, have declined very slowly in both regions.

### **3 The nutritional status of women of reproductive age is worryingly poor**

The World Health Organization (WHO) background paper (Feb. 2012) for the World Health Assembly (WHA) 2012 targets, states that about 468 million women aged 15–49 years (30 per cent of all women) are thought to be anaemic; at least half of this is thought to be due to iron deficiency. Dietary improvement and better public health should decrease anaemia, but this is not happening for women. It is vital that it does, both for their own health and for the health of their babies. ➔

**4 Obesity and diet-related risk factors are increasing rapidly, even in low and middle income countries**

Diet-related chronic disease and risk factors such as overweight and obesity are tracked outside of the MDG process. However these diseases and risk factors are the major contributors to the burden of disease in every region outside of sub-Saharan Africa and South Asia – and it is growing rapidly even within those two regions.

**5 Systems of monitoring and accountability mechanisms in relation to nutrition efforts need to be improved**

Nutrition status is not recorded frequently enough and the demand for such data seems low. The extent, pattern and quality of coverage of nutrition programmes are extremely difficult to assess and the variations in coverage between and within countries are large. Commitments to nutrition are also not easily visible and accountability mechanisms to hold governments and other actors to account are weak. Indicators such as the Hunger and Nutrition Commitment Index (HANCI) are needed to link effort to outcomes.

**Nutrition in the post-2015 development landscape**

The profile of nutrition has risen very significantly since the food price spikes of 2007–8, which served as a wake-up call about the fragility of the food system for rich and poor alike, the vulnerability of the poorest to such fluctuations and the negative legacy of the price spikes due to early childhood stunting. Nutrition has also risen up the political agenda as a result of efforts by movements such as Scaling Up Nutrition (SUN), and it is increasingly becoming a core development priority. It is essential that a post-2015 development framework builds upon and captures this momentum. Discussion about how this is to be achieved is ongoing, however given the overall post-2015 framework decision-making timeframe, action from the nutrition community to establish a consensus on the way forward is urgently required. While a separate nutrition goal has many desirable features, embedding nutrition indicators and targets across a wide range of future goals represents a more politically viable option.

There are risks attached to this approach: (a) fragmentation of the unity the nutrition community has built up over the past five years; (b) nutrition being ignored by multiple communities, not just the MDG 1 community including the World Bank and FAO and (c) a fragmentation of monitoring and reporting on nutrition post-2015. However, these risks can be managed with sufficient advanced planning. Moreover, the approach more adequately reflects the fundamental importance of nutrition to overall development progress.

“Nutrition has risen up the political agenda and is increasingly becoming a core development priority. It is essential that a post-2015 development framework builds upon and captures this momentum.”

**Table 1 Options for nutrition in the post-2015 framework**

Option	Advantages	Risks
<b>1 Separate nutrition goals</b>	<ul style="list-style-type: none"> <li>Nutrition is hard to ignore by those who care about the MDGs</li> <li>Supports SUN directly</li> <li>‘Reducing undernutrition’ is easy to communicate</li> </ul>	<ul style="list-style-type: none"> <li>All or nothing strategy is high risk, given the lack of political momentum/home for a separate nutrition goal</li> <li>Nutrition easier to ignore by other sectors and other goals</li> </ul>
<b>2 Incorporate nutrition indicators and targets into other goals</b>	<ul style="list-style-type: none"> <li>More feasible</li> <li>The potential alignment of the goals, especially (1) the separation of poverty and hunger and (2) the clustering of health, may favour nutrition</li> <li>Potential leveraging of larger resource flows/energy of the other goals</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition remains invisible and falls through the cracks – no single champion</li> <li>Fractures reporting on nutrition progress</li> <li>Divides the nutrition community</li> </ul>

**Table 2 Embedding nutrition-specific and nutrition-sensitive indicators across a new set of development goals**

Potential goals	Indicator	Rationale for inclusion
<b>1 Poverty</b>	• <b>Stunting</b>	<ul style="list-style-type: none"> <li>• Captures non-income dimensions of poverty</li> <li>• Can be disaggregated by gender</li> <li>• Cumulative – more of a measure of permanent wellbeing, less of a marker of transitory income</li> <li>• Has an intergenerational dimension, especially in relation to employment and wages</li> <li>• Correlation with income, but not identical</li> </ul>
	• Social protection (or cash transfer) coverage rates	<ul style="list-style-type: none"> <li>• Key source of potential indirect nutrition financing</li> </ul>
<b>2 Hunger, water and sanitation</b>	• <b>Wasting</b>	<ul style="list-style-type: none"> <li>• Cyclical hunger; high mortality risk for severe acute undernutrition</li> </ul>
	• Stunting	<ul style="list-style-type: none"> <li>• Captures long-term food insecurity</li> </ul>
	• <b>Adult BMI &lt;level</b>	<ul style="list-style-type: none"> <li>• Adult undernutrition, productivity</li> </ul>
	• Access to water • Access to sanitation	<ul style="list-style-type: none"> <li>• New work on environmental enteropathy may strengthen the case for water and sanitation</li> </ul>
	• <b>Diet quality</b>	<ul style="list-style-type: none"> <li>• Diet quality – relates to health via under- and overnutrition</li> </ul>
<b>3 Education</b>	• Learning outcomes for girls of 12 • Secondary school enrolment rates for girls	<ul style="list-style-type: none"> <li>• Greater duration of school enrolment for girls delays age at first pregnancy and thus low birth weight (LBW)</li> </ul>
<b>4 Health</b>	• <b>Stunting, wasting</b>	<ul style="list-style-type: none"> <li>• As above</li> </ul>
	• <b>Exclusive breastfeeding coverage rates</b>	<ul style="list-style-type: none"> <li>• Prevention of infection, death, stunting, wasting</li> </ul>
	• Low birth weight rates (or some full-term variant)	<ul style="list-style-type: none"> <li>• Mortality risk, marker of low growth/weight gain post-birth</li> </ul>
	• <b>Women of reproductive age, BMI &lt;level</b>	<ul style="list-style-type: none"> <li>• Marker of women's health, small for gestational age/LBW</li> </ul>
	• <b>Women of reproductive age, anaemia</b>	<ul style="list-style-type: none"> <li>• Risk factor for maternal mortality, perinatal mortality, poor maternal health, lower productivity</li> </ul>
	• % of children with diarrhoea receiving ORT and feeding	<ul style="list-style-type: none"> <li>• Marker of how nutrition-sensitive the health service is</li> </ul>
	• <b>Child BMI &gt;level</b>	<ul style="list-style-type: none"> <li>• Childhood obesity is an early marker of chronic disease</li> </ul>
	• <b>Adult BMI &gt;level</b>	<ul style="list-style-type: none"> <li>• Marker of current adult overweight/overnutrition, NCD risk</li> </ul>
<b>5 Resilience</b>	• Wasting (and stunting)	<ul style="list-style-type: none"> <li>• Wasting levels and changes are a measure of resilience of food, health, water and sanitation systems to natural, economic, political and conflict shocks, including seasonality</li> </ul>
<b>6 Governance</b>	• <b>Commitment to undernutrition reduction</b>	<ul style="list-style-type: none"> <li>• Invisibility of undernutrition, needs something to make commitments and accountability more visible, e.g. the Hunger and Nutrition Commitment Index (HANCI)</li> </ul>
	• Women's legal, political and economic status	<ul style="list-style-type: none"> <li>• Marker of control over decisions related to nutrition</li> </ul>
<b>7 Environment</b>	• Carbon and water intensity of agricultural systems	<ul style="list-style-type: none"> <li>• More work to be done to make these specific for nutrition</li> </ul>
	• Emission levels of agricultural systems	

Notes:

Nutrition-specific indicators are highlighted in **bold italics**, the remaining indicators are nutrition-sensitive.

BMI, body mass index: a measure of thinness.

## Policy recommendations

- Replace the underweight (low weight for age) indicator with a stunting (low height for age) indicator. Stunting is a much more precise marker of the negative consequences of undernutrition.
- A new development framework must support and complement the work of the SUN movement and the new WHA targets established in 2012, which propose six targets, including a 40 per cent reduction in the number of stunted children from 171 million in 2010 to 100 million in 2025.
- The nutrition community should lobby for nutrition to be located as part of a food and nutrition goal. Alternatively, it could be located as part of the poverty or health goals. However, there is a lot of pressure for the poverty goal to be more geared towards job creation and this is not such an easy fit for stunting (the job consequences of stunting being large but 20 years delayed). Any single health goal is likely to be crowded. The Rome-based UN agencies that include the World Food Programme (WFP), the FAO and the International Fund for Agricultural Development (IFAD) represent a committed set of institutions to take nutrition forward in partnership with food security, and so nutrition is probably best housed here. But there is a key caveat: nutrition must not be subservient to food. Undernutrition is linked to but different from hunger, and they are both of equal importance.
- Nutrition-relevant indicators should be embedded across all goals. These indicators can be thought of as a 'horizontal' goal (see Table 2). This would represent a purposeful and joined-up set of dashboard indicators for nutrition.
- Nutrition relevant indicators should be thought of as 'nutrition-specific' and 'nutrition-sensitive'. Nutrition-specific indicators operate at a proximate level (e.g. stunting, wasting and exclusive breastfeeding coverage). There needs to be five to six nutrition-specific indicators included in the final set of post-2015 indicators. The current MDG framework contains one nutrition-specific indicator (underweight) out of 48. In addition, nutrition-sensitive indicators relating to food security, women's empowerment and water and sanitation need to be included and must serve both as indicators for these goals as well as for nutrition.
- The nutrition community quickly needs to identify its priorities for nutrition-specific and nutrition-sensitive indicators and how these should be embedded across the new goals. For instance, nutrition could play a strong role in any potential child goal, with its 'getting a good start' narrative given the focus on the first 1,000 days after conception. In this way, the current high commitment to nutrition can be locked in for the next generation.



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## Further reading

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