

Global Nutrition Institutions: Is There an Appetite for Change?

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ABSTRACT

This paper describes the major institutional weaknesses in global nutrition and presents two recommendations to address the joint problems of incoherence, lack of institutional leaders, and persistent underfunding. First, within the domain of global health—where a significant part of the programmatic response rests—current and potential funding agencies at the international level could create a shared set of principles that lay out expectations for the coordination, coherence, and collaboration among institutions that currently do or might receive funding for global nutrition programs. Funders could collaborate to create a strong incentive for UN agencies, the World Bank, privately funded initiatives, and others to work together to fulfill key functions, including norm-setting, advocacy, scientific inquiry, program and technical support, capacity-building, and implementation at the national level. A second priority is for leaders in UN agencies to act on specific opportunities to elevate the agenda of nutrition security within the work of the UN System High-Level Task Force for the Global Food Security Crisis, which is stimulating and coordinating a response among the UN system and international financial institutions.

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Global Nutrition Institutions: Is There an Appetite for Change?

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SUMMARY

This paper describes the major institutional obstacles to rapid progress and expanded financial support for international nutrition policies and programs, with primary but not exclusive focus on those that are linked to the health sector. The work was motivated by the series of articles on maternal and child undernutrition in *The Lancet* in 2008, which brought into stark relief the health consequences of undernutrition and described a dysfunctional international “architecture.” We interviewed a number of key stakeholders and thinkers in the field of global nutrition, articulated the major institutional weaknesses, and developed a set of recommendations about how to address the joint problems of incoherence, persistent underfunding, and lack of institutional leaders.

No path forward is without risk of failure, but after broad consultation around an earlier draft of this paper we believe that two sets of actions hold promise. First, within the domain of global health—where a significant piece of the programmatic response rests—current and potential funding agencies at the international level could create a shared set of principles that lay out expectations for the coordination, coherence, and collaboration among institutions that currently do or might receive funding for global nutrition programs. By clearly stating the desired characteristics of the institutional arrangements, funders could create a strong incentive for UN agencies, the World Bank, privately funded initiatives, and others active in the field to work together to fulfill key functions, including, for example, norm-setting, advocacy, scientific inquiry, capacity-building, program and technical support, and implementation at national levels.

Second, outside of the health sector per se, opportunities could be systematically sought to give greater emphasis to “nutrition security” within the several ongoing activities focused on food security and international agriculture. A priority is to foster a connection between the nutrition agenda and the work of the UN System High-Level Task Force (HLTF) for the Global Food

Security Crisis, which is stimulating and coordinating actions among the UN system and international financial institutions. Opportunities within the HLTF program of work include ensuring that technical support on nutrition is made available to countries to better measure, report on, and develop programmatic responses to acute problems of undernutrition linked to high food prices; promoting the concept that investments intended to increase productivity of smallholder farmers should also be used to increase the quality of foods, for example through biofortified crops; and expanding efforts to establish the global Partnership for Food Security to encompass a vision of a global Partnership for Food and Nutrition Security.

I. WHAT'S THE PROBLEM TO SOLVE?

On the face of it, the importance of undernutrition is crystal clear:

- The global burden of malnutrition is high: Maternal and child undernutrition causes 3.5 million deaths worldwide, and accounts for an estimated 11 percent of total global Disability Adjusted Life Years (DALYs) and 35 percent of the burden of disease for children under five years old. About 276,000 children under the age of five die each year due to severe acute malnutrition and its related causes.¹
- The consequences are long-term and irreversible: poor fetal growth or stunting in the first two years of life leads to irreversible, long-term physical and cognitive damage; rapid weight gain in this same group later in life may lead to nutrition-related chronic disease.²
- Undernutrition is a concentrated crisis, but of low national priority: 80 percent of the world's undernourished children live in just 20 countries in the world,³ with South Asia

¹ Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C, Rivera, J, for the Maternal and Child Undernutrition Study Group, (2008), Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*, series on Maternal and Child Undernutrition, article 1, 371, 243-60.

² Victora CG, Adair L, Fall C, Hallal PC, Martorell R, Richter L, Sachdev HS, for the Maternal and Child Undernutrition Study Group (2008) Maternal and child undernutrition: consequences for adult health and human capital. *The Lancet*, series on Maternal and Child Undernutrition, article 2, 371, 340-57.

accounting for almost half of the stunted children globally.⁴ Of these 20 countries, 13 deem nutrition to be a low priority.⁵

- In some parts of the world, the problem is getting worse: while underweight (low weight for age) is decreasing globally, in some areas, such as Eastern/Southern Africa and conflict regions of the Middle East/North Africa, underweight is on the rise.⁶ Given woefully inadequate social safety nets, recent rapid increases in prices of staple foods are likely to exacerbate the problem among the most vulnerable.
- Current crises exacerbate perennial challenges in nutrition security. The potent combination of upward pressure on food prices, a dramatic and protracted global economic downturn, and overdependence on non-renewable fuel sources for a range of inputs for agriculture and food distribution add up to increased vulnerability. Nutrition insecurity is increasingly related to food insecurity, as families are less able to produce or buy staple foods and/or they turn to lower-cost—and lower quality—foods.
- Interventions within the health sector work, but are not being adequately delivered: In 36 focus countries, universal coverage of a package⁷ of nutrition interventions would reduce deaths of under-three year olds by a quarter:⁸ interventions such as universal salt

³ Bryce J, Coitinho D, Darnton-Hill I, Pelletier D, Pinstrup-Andersen P, for the Maternal and Child Undernutrition Study Group, (2008) Maternal and child undernutrition: effective action at the national level. *The Lancet*, series on Maternal and Child Undernutrition, article 4, 371:510-26.

⁴ Horton S, Alderman H, Rivera JA, Copenhagen Consensus 2008 Challenge Paper, Hunger and Malnutrition. March 6th 2008.

⁵ Bryce J, Coitinho D, Darnton-Hill I, Pelletier D, Pinstrup-Andersen P, for the Maternal and Child Undernutrition Study Group, (2008) Maternal and child undernutrition: effective action at the national level. *The Lancet*, series on Maternal and Child Undernutrition, article 4, 371:510-26.

⁶ Horton S, Alderman H, Rivera JA, Copenhagen Consensus 2008 Challenge Paper, Hunger and Malnutrition. March 6th 2008.

⁷ This package includes coverage (at 99 percent of targeted populations) with interventions including balanced energy protein supplementation, intermittent preventative treatment, multiple micronutrient supplementation in pregnancy, breastfeeding promotion and support, feeding intervention and support (promotion of complementary feeding and other supportive strategies), vitamin A (including neonatal in Asia), zinc supplementation, and hygiene interventions)

⁸ Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Guigliani E, Haider BA, Kirkwood B, Morris SS, Sachdev HPS, Shekar M, for the Maternal and Child Undernutrition Study Group (2008), What works? Interventions for maternal and child undernutrition and survival. *The Lancet*, series on Maternal and Child Undernutrition, article 3, 371, 417-40.

iodization and increased targeted distribution of Vitamin A capsules are highly cost-effective, but under-applied.⁹

These facts alone should be enough to motivate action. So why were basic nutrition investments by donors in low- and middle-income countries less than \$250–300 million per year between 2000 and 2005?¹⁰ Why do many of the most affected countries pay little attention to nutrition as a core public health and social challenge?

This brief report is intended to provide an overview of some of the core obstacles to achieving significant improvements in nutritional status in poor countries, with a focus on the organization of and coordination among international actors (public and private donors, technical agencies, and the corporate sector), particularly those involved in global health (broadly defined). It is based on a set of structured interviews with knowledgeable individuals (see Annex 1), as well as a review of documents and materials available on institutional websites. An earlier version of this paper was presented for feedback at several consultation meetings in Washington and London.

The focus on the international community is deliberate, and chosen in full recognition that major improvements will come about only through aligned actions by members of poor households, their communities, and subnational and national governments, NGOs and businesses. The role of the international community, while in no way of the greatest importance, is essential. Members of the international community, including the governments of wealthy countries, provide technical and financial resources, help to shape the public policy agenda, and influence prices of food and nutrition-related products, both by design and unintentionally. They can act in ways that are supportive of the healthiest possible set of nutrition-related actions at the local and national levels—or they can create inefficiencies and distortions that impede progress.

⁹ Horton S, Alderman H, Rivera JA, Copenhagen Consensus 2008 Challenge Paper, Hunger and Malnutrition. March 6th 2008.

¹⁰Morris SS, Cogill B, Uauy R, for the Maternal and Child Undernutrition Study Group (2008), Effective international action against undernutrition: why has it proven so difficult and what can be done to accelerate progress? *The Lancet*, series on Maternal and Child Undernutrition, article 5, 371,608-21.

In synthetic form, the report first identifies and describes the key institutional actors, and then provides an overview of where the core strengths, weaknesses and opportunities currently exist. A sequence of actions that might serve to systematically address some of the weaknesses is then outlined. These actions have been discussed in various forms with some of the interviewees, but do not represent a consensus view. This paper seeks to serve as a point of departure for discussions among leading actors about whether and how opportunities exist to be more effective in support of progress toward dramatically improved nutrition outcomes.

II. A CROWDED FIELD OR AN EMPTY ONE?

The global nutrition “ecosystem” is comprised of many actors. The recent *Lancet* series on maternal and child undernutrition identifies at least 14 UN agencies, five international and regional development banks, five major regional cooperation organizations, more than 20 bilateral aid agencies, at least five major charitable foundations and the 15 or so implementing agencies created by them, more than 30 international NGOs, at least 35 research centers, universities, and collaborative members of the Consultative Group on International Agricultural Research (CGIAR), 12 major nutrition companies, and several hundred academic journals.¹¹ Given the multisectoral nature of nutrition, some of the organizations are primarily associated with health programs; others are involved in food aid, humanitarian relief, and related areas (see Table 1 in Annex 2 for a list of the major international organizations examined and discussed in this paper).

¹¹ Morris SS, Cogill B, Uauy R, for the Maternal and Child Undernutrition Study Group (2008), Effective international action against undernutrition: why has it proven so difficult and what can be done to accelerate progress? *The Lancet*, series on Maternal and Child Undernutrition, article 5, 371,608-21.

III. THE NUTRITION ECOSYSTEM: STRENGTHS, WEAKNESSES, AND OPPORTUNITIES FOR ACTION

Over many years of activity, the funding, technical, executing, and opinion-shaping institutions that make up the global nutrition sector have not coalesced into the same policy, funding and implementation community that exists for some other major global health priorities, such as immunization or tuberculosis. Rather than constituting a fixed and easily described “architecture,” the entities involved in nutrition-related policy-setting and programming are more like an “ecosystem”—a loose collection of entities that are focused largely on their own survival without an overriding logic or plan behind the division of responsibilities among them. As such, their roles and activities sometimes overlap, sometimes compete, and often reveal gaps.

In part, the disarray and relative lack of visibility of nutrition is a function of the nature of undernutrition itself. Poor nutritional status is a risk factor for many poor health outcomes rather than a direct cause of death and disability, except in extreme cases. Thus, while the loss of life from measles, diarrheal disease, AIDS, and many other diseases that are on the policy radar would be reduced by improved nutrition, the interventions that receive resources often are those that have a clear cause-and-effect relationship with lives saved. In many ways, nutrition is—or contributes to—“everybody’s problem” but at the same time is “no one’s responsibility.”

There are other reasons for the relatively low visibility of nutrition within the global health and broader development policy context. In policy circles, there has long been confusion about whether undernutrition is just lack of sufficient food, which could potentially be ameliorated through food aid; or whether it is a complex interplay of quality, quantity, and behavior / food use, which require a combination of interventions and behavior change. When the problem is defined as lack of food, the many nutrition-related priorities other than food aid get short shrift.

In addition, undernutrition maps closely to poverty, and so requires a genuine commitment on the part of both national governments and international donors to targeted, pro-poor actions.. While individuals working in international nutrition are often motivated by issues of social justice and inequality, it can be extremely difficult to mobilize and sustain political leadership

around such topics, let alone turn it into action. Moreover, many of the needed nutrition-related interventions are unlike vaccines and drugs; they are in the domain of social norms and individual behavior change (e.g., exclusive breastfeeding) or involve relatively basic technologies, such as vitamin A capsules. These factors all disadvantage nutrition policy and action compared to many other, more headline-grabbing parts of what has become conceptualized as the global health agenda. In fact, nutrition does not fit neatly into the “health” compartment at all, and the multisectoral nature of nutrition’s determinants and consequences intensify the challenges of identifying champions, strengthening implementing agencies, expanding funding streams and nurturing knowledge networks.

Despite the nature of the problem and the interventions, much more could be done to effectively marshal policymaker interest and resources within the domain of global health and beyond. Currently, the “nutrition ecosystem”—the constellation of institutions at the global and national levels that fund, study, set priorities, advocate and act—is largely weak and dysfunctional. While there are some relatively strong elements, most observers agree that international nutrition is underfunded (relative to both needs and potential), uncoordinated, driven less by evidence than belief, and marginalized both within the health sector and broader development policy debates.

This section presents a summary of the findings from a set of interviews with key informants about the strengths and weaknesses of the international nutrition field today. It also summarizes the features of the current policy environment that provide new opportunities for increasing the capacity and effectiveness of the nutrition field. Not intended as a definitive statement, this synthesis is only intended to spark consideration of ways to build on the strengths while pushing toward filling the many gaps that remain.

Strengths

Several core strengths of international nutrition can serve as building blocks for moving forward:

Nutrition has seen successes. A reasonably good evidence base exists about some of the effective nutrition interventions, and some large-scale successes have been realized. Successes have been observed and documented at both the intervention level (Vitamin A, salt iodization) and the

country level (Uganda, Mexico, China). In general, success can be attributed to a combination of technical consensus, good planning and the recognition of broader social determinants and country specific contexts in planning and implementation. (See box 1 for the example of Mexico.)

Box 1

How Mexico's Oportunidades brings research to action*

Until the 1990's, efforts to reduce malnutrition in Mexico were slow to progress despite focused attention of the national government. In 1993, the Mexican government spent US\$2 million a day on food assistance programs—above internationally recommended standards—with little impact on nutrition indicators.

After a government-led review in 1988 helped to provide data on, among other things, short stature and food assistance by region, it was recognized that the information would prove valuable for informing nutrition policies and programs.

The Center for Research in Nutrition and Health (CINyS) of the National Institute of Public Health (INSP) in Mexico used strategic mission-based research—scientific knowledge generation that can be used to impact population health—to target those making health and nutrition policies. Oportunidades, Mexico's comprehensive national conditional cash transfer program, was designed using this research to cover the needs of low income families by targeting poverty reduction through child health, food and education. The program was started by the federal government in 1997 and benefited greatly from collaboration between researchers and decision makers. Research presented on distribution of need that highlighted the poor design of food assistance policy at the time allowed the lowest income families to be properly targeted. An effectiveness evaluation component allows for progress to be tracked and program design to be modified.

Evaluations of Oportunidades show growth impacts on the most vulnerable children exposed to the program for two years, and a decrease in anemia amongst children exposed for only one year. The program, which now reaches a target population of approximately 5 million families, has both demonstrated success and provided rigorous data to support its continuation into the future.

*Pan American Health Organization. Nutrition and an active life: from knowledge to action, Washington, D.C.: PAHO, 2005

- National planning and engagement is increasing. In Uganda, for instance, coordination among nutrition actors has improved greatly. A national nutrition plan has been developed, including expanded micronutrient interventions with the help of USAID and the creation of productive linkages between public and private sectors through GAIN (see box 2).

- New partnerships show promise. According to several key informants, coordination of the international community has increased over the past years from a system that was far more fragmented. Although there is obvious room for improvement, the changes suggest that leadership transitions and new partnerships present possible opportunities for progress, through improved information sharing and the entry of new players and activities that are less constrained by history and bureaucratic rigidities—including the Global Alliance for Improved Nutrition and the Micronutrient Initiative (see Box 2).
- Nutrition has gained policy attention within and outside of global health. Over the past several years, this increased attention has been marked, for example, by the publication of the World Bank’s nutrition strategy, *Repositioning Nutrition as Central to Development*, and the recent *Lancet* series on maternal and child undernutrition. While some civil society organizations have been critical of the poor conceptualization of programming reflected in the *Lancet* series—not taking a broader approach to intervention implementation—the most important result is that a discourse has been opened through both the global and regional *Lancet* launches. For instance, in Senegal the launch helped to bring more support to nutrition nationally. In Ethiopia, the launch was timed to coincide with the release of a nutrition strategy.
- Nutrition has also gained a measure of attention within the high-level discussions around food security, and the food-price and financial crises. Several policy documents related to the food crises have acknowledged the need to pay attention to food quality as well as quantity. Donors new to the field, including Ireland, the European Commission, the UK and foundations, have expressed interest in greater involvement. And, importantly, the World Bank has over the past several months led a process to develop a Global Action Plan for Nutrition, which seeks to set out a costed set of programmatic priorities to address maternal and child undernutrition. All of these represent significant opportunities.

Box 2

Examples of Important Partnerships: GAIN and MI

*Global Alliance for Improved Nutrition (GAIN)**: Representing a new way of doing business, GAIN works to build partnerships between governments and the private sector to deliver nutrition interventions to populations. They focus on sustainably fortifying staple foods, providing incentives to the private sector to develop low-cost fortified complementary foods for low-income populations and developing a global micronutrient procurement fund aimed at improving the supply and reducing the costs of high quality vitamins and minerals for use in supplementation and fortification programs. Their data shows success so far:

- In China, data from 21 sentinel sites showed 1/3 anemia reductions among women and children who consumed soy sauce fortified with iron. GAIN aims to reduce prevalence of micronutrient deficiencies by 30 percent
- GAIN estimates that 99 million people in key coverage groups (women and children) are consuming fortified foods out of a total 188 million being reached by their projects. GAIN hopes to put 1 billion individuals on fortified foods, with 500 million being from target populations
- The cost-per-DALY saved through GAIN projects ranges from US\$13 to US\$17. The organizational target is less than US\$15 per DALY
- With a target of \$500 million, US\$364 million in private sector contributions have been committed for existing projects through GAIN

*Micronutrient Initiative (MI)***: MI is a Canadian-based international not-for-profit organization dedicated to eliminating vitamin and mineral deficiencies worldwide. It is comprised of a global network serving more than 70 countries, focusing on Africa, Asia, Latin America, and the Middle East.

MI works either directly or with partners, including governments, food producers, and partner organizations to develop and implement programs. They employ scientists, nutritionists, policy and development experts, and on-the-ground practitioners who procure resources, develop policy, technology, and capacity, and provide technical assistance that includes situation assessment and program design.

In 2007, MI estimated that its programs reached 500 million people worldwide. Looking at vitamin A alone, MI estimates they delivered 530 million doses to 233 million children, averting 490,000 child deaths in this year.

*See GAIN website at: <http://www.gainhealth.org/>. Results reported as of Fiscal Year 2008. Accessed 08/03/09

**See MI website at: <http://www.micronutrient.org/home.asp>. Accessed 08/03/09; MI annual report 2007-2008

Weaknesses

Fully recognizing that there are strengths to build on, the nutrition ecosystem remains troubled—about this, virtually all of those who are engaged in the field will agree. Several challenges that plague the community—poor conceptualization of nutrition as an issue, inter-personal and inter-

agency coordination problems, difficulties of implementing a wide range of discrete technical interventions, and others—impede progress.

The key weaknesses or challenges can be characterized as follows:

- No institutional leader exists. From an organizational perspective, no clear leader with adequate resources and a clear mandate emerges in the international community. While the UN system has the potential to harbor a lead organization, one has failed to emerge and nutrition does not currently feature prominently on the agenda of any of the relevant agencies. The UN Standing Committee on Nutrition, which has played an important role as a forum for discussion of nutrition-related issues and engagement of NGOs with the UN agencies, is widely observed to have failed to harmonize priorities and practices across the UN system and more broadly among the nutrition sector, and there is disagreement about whether SCN has the potential or support from its funders to assert genuine leadership. No one, for instance, thinks that it has the legitimacy or technical and political strength to serve the function for nutrition that UNAIDS does in its field.

Two basic problems (among others) are noted: First, there is a long-standing tension because of different views on the nature of the problem and the corresponding solution: emergency vs. long-term development, treatment vs. prevention. This is evident in transatlantic differences in perspective that are played out through international agencies. While the U.S. approach has tended toward behavioral change to impact nutritional status, a set of focused technical interventions delivered within the health sector, and food aid for crisis situations, the European orientation has been more toward understanding and attempting to act upon the underlying economic and social factors affecting food security and nutritional status.¹² Second, institutions in the official sector have overlapping mandates, have been unable to agree on and articulate priorities, and have responded unevenly to a changing environment—including new donors and an increasing engagement of the private sector, and emerging food and agricultural concerns.

¹² Virtually all parties agree that there is value in addressing both food- and nutrition-specific issues and the underlying social determinants of health, in an integrated model.

In short, neither an institutional nor individual leader has emerged above the level of technical specialists in nutrition to galvanize the nutrition community behind a coherent set of messages about the importance, urgency and feasibility of addressing nutrition-related problems in developing countries.

- Weak linkage to trade, agriculture, and broad development agenda. For organizations such as the World Bank, which have a very broad agenda, nutrition competes for attention with an almost uncountable number of “important issues.” A key strategy to get sustained attention is to link nutrition to more macro-level concerns which are without question “on the agenda” of the institutions. However, to date there has been only limited success in doing this, in part because of a lack of evidence but also because nutrition professionals tend to have difficulty breaking out of highly technical communication and relating to and communicating with the macroeconomists and other professional groups that are institutional thought leaders. This particular shortcoming has come into sharp relief during the recent discussions of the food-price crisis, in which concerns about the quantity of food has predominated over attention to the quality of food.
- Technical communities are fragmented and competitive. To date, technical developments in the international nutrition field—both in defining and measuring the prevalence of particular nutrition-related conditions, and in identifying promising “solutions”—have been driven by relatively small scientific, implementation and advocacy communities. They have focused on specific health problems, such as deficiency in particular micronutrients, or key interventions such as breastfeeding promotion, or advocacy targets such as combating the marketing of breastmilk substitutes in low-income countries. These communities have evolved their own conceptual frameworks, standards of evidence, and professional hierarchies, and have tended to interact relatively little—and often in a competitive mode, given limited funding—with other technical communities. Related to this, there are several instances in which communities have been formed around promulgating product-related “solutions” in a somewhat single-minded manner

(e.g., staple food fortification, vitamin A capsules, ready-to-use therapeutic food, “sprinkles”). While there is little doubt about either the potential contribution or the appeal of these approaches, they have claimed disproportionate importance because there is so little consensus about a full range or package of nutrition interventions. Funders and advocates have attached themselves to the limited set of approaches for which there is reasonable evidence about efficacy and “do-ability.” To the extent that institutions or leading individuals within them have become identified with particular conditions or interventions, other institutions and individuals have become alienated. This phenomenon is compounded and reinforced by the scarcity of financial resources—and at the same time contributes to a perpetuation of the “starvation diet” for nutrition programs.

- Public sector institutions have been uncomfortable with engaging the private sector. The interconnectedness of nutrition and the commercial sector is unquestioned: The main source of nutrition—food and drink—is primarily provided by a broad range of commercial enterprises, whether small-scale participants in very local markets or large multinational corporations. Taken as a whole, the food industry has the capacity for R&D, supply chains, and market penetration that far exceeds that of the public health sector, and therefore could contribute tremendously to distribution of nutrition-related products, if the appropriate incentives were in place and legal and regulatory hurdles were reduced. Given the influence of the multinational private sector in shaping production of commodities, there also is tremendous potential for affecting food quality.

At the same time, the practices and products of food manufacturers and distributors are also “part of the problem” in quite specific ways: the overrefinement of staple grains that destroys nutrients; the marketing of breastmilk substitutes in communities with poor water supplies and where breastfeeding confers vital immunologic benefits to infants; the lack of development of affordable, nutritious foods for populations at greatest risk of undernutrition; and the production, distribution and marketing of products that contribute to obesity, hypertension and diabetes. Moreover, in general the commercial sector is by definition motivated primarily by the profit motive (within the constraints of socially sanctioned business practices), rather than by a drive to improve health status. Because of

this duality, public sector institutions such as UNICEF and WHO have had difficulty establishing flexible, open working relationships with corporate and other private sector actors, both in-country and at the global level.

Whether the public sector institutions are or are not willing and able to work in collaboration with the private sector is an issue of some dispute. Individuals familiar with key UN agencies assert a genuine willingness to engage constructively with the commercial sector, both at global and local levels, and an understanding of the potential benefits of doing so. At the same time, at least some in the private sector express frustration with a lack of openness and responsiveness to public-private partnerships and full engagement in discussions of policy and programmatic priorities.

- International players are disconnected from country priority-setting, policymaking and implementation systems. Within developing countries with a high burden of undernutrition, parallel and more extreme institutional weaknesses exist: no clear lead organization; marginalization of nutrition professionals within the Ministries of Health; and competition among technical communities for very scarce resources. Implementation capacity for nutrition programs is extraordinarily weak, suffering from the low prestige associated with nutrition in Ministries of Health and other agencies, the limited career mobility, and consequently the shortage of highly motivated, well trained, and high performing personnel. The entrenched interests associated with food distribution programs that may not be crucial to good nutrition outcomes are very strong. In large measure because of these constraints, it has proven difficult to move projects from small, community-based pilots, to national programs that are relevant across key population groups. In the absence of coherent national policies and strategies—which is more the rule than the exception—donor-originated projects tend to be small pilots without a scale-up plan, focused on their own objectives and modes of operation, and implemented in a way that is isolated from the health and other social service infrastructure.

Opportunities

Several key opportunities set the stage for progress.

- Leveraging the *Lancet*. The *Lancet* series on nutrition has reignited interests and sparked discussion in a way that could be funneled into starting a productive dialogue among actors about how those who work in nutrition might move forward.
- Connecting to nutrition-related crises. The food price shocks of 2007–08 and the severe economic downturn starting in 2008, although producing tragic results, may paradoxically represent an opportunity. With renewed policy attention to issues of agricultural productivity, trade in commodities, food aid and in-country subsidy mechanisms, and local agricultural market development, the nutrition community has a key chance to draw attention to the importance of quality (not just quantity) of available food.
- Renewing the UN system. Current leadership of key members of the broad UN family, including WHO, UNICEF, the World Food Program, and the World Bank, have signaled more interest in nutrition than was previously seen. An opening may exist to take advantage of this interest and the relative freedom from “baggage” that the current leaders of these institutions have. New initiatives like REACH show that the space for more active collaboration and inclusion of broader actors may already exist between these agencies (see Box 2).

Box 3

REACH: a Partnership to End Child Hunger and Undernutrition

The REACH partnership represents a joint collaboration between the UN, civil society, and private sector partners. The REACH partnership includes the lead UN agencies WFP, FAO, WHO, and UNICEF who are working with country governments to accelerate progress on MDG-1, Target 3: halving the proportion of underweight children under five years old.

To foster government-led and -owned strategic partnerships, REACH supports country-level scoping of the nutrition sector, the development of strategic plans, costs, and resources mobilization, and tracking and monitoring of results to represent a new kind of comprehensive “solution-focused” approach. These plans are aimed to be multisectoral, taking into account not only the Ministry of Health, but the role that other ministries such as finance and agriculture might play. With the facilitation of locally placed management consultants from Boston Consulting Group, action planning and analysis was occurring in two pilot countries as of 2008: Mauritania and Laos, with further roll-out scheduled.

Source: communications with and materials provided by Boston Consulting Group

- Harnessing the resources and innovation of the private sector. The expressed interest and actions of leading corporate actors such as, Unilever, PepsiCo and Danone have changed the face of the private sector engagement in nutrition. Agribusiness is also poised to address some of the nutrition issues related to seeds, which produce more nutritious crops and increase yield. At least some parts of the multinational and national private sector are eager to be constructive participants in improved nutrition. For example, Unilever and World Food Program collaborate on the “Together for Child Vitality” program, that use the combined procurement, targeting and technical strengths of the two organizations to deliver school feeding programs. Danone has developed nutritional products aimed squarely at the “bottom of the pyramid,” supporting local agricultural production.

Whether through collaboration in fortification programs, development of new, nutritious products, or sharing knowledge and skills in distribution, marketing and advocacy for improved policy, the private sector has a significant role to play. In Uganda, for example, pairing with local industry has helped to grow the private sector in-country, especially due to the way in which these local partnerships are established to lead to long-term capacity building. The only limitation is the initial size of local industry, which with seeding, can grow.

- Broadening the lens. More than in the recent past, there may now be an opening to look carefully at the social and economic bases of problems that manifest themselves as poor health outcomes. With the publication of the report of the Commission on Social Determinants of Health, greater intellectual space may exist to consider a broad range of society- and community-level interventions that go far outside of the narrowly defined health sector—for example, education interventions, job creation,

enhancement of women’s status, strengthening of democratic institutions, and others.¹³

IV. VISION AND STRATEGIC ACTIONS

Dramatically improving the health of poor children by reducing the prevalence of undernutrition requires a long-term vision—and practical “baby steps” to build on the existing opportunities and address some of the significant weaknesses within and across institutions. One formulation of a long-term ideal vision for international nutrition might be as follows:

- At the *country level*, a broad set of actors have adequate financial, technical and political resources and capacity to effectively implement large-scale, evidence-based, and integrated programs to combat undernutrition, with flexibility to learn and adapt to future challenges.
- At the *global level*, a broad set of actors with key technical, financial, and policy-influence assets act in a coherent, efficient well-coordinated manner to serve country-level needs while providing and generating global public goods, with flexibility to anticipate and work on future issues.
- At the *intersection*, complementary actions of global actors that help build knowledge and capacity within country institutions, working with government counterparts, civil society, the commercial private sector, and regional organizations in a way that transfers skills and resources in a sustainable manner.

¹³ Commission on Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health*. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

This vision suggests that at the international level, the organizations most involved in setting the policy agenda, marshalling the technical inputs, raising and allocating financial resources, and supporting implementation should have

- well-defined roles and responsibilities;
- adequate and sustained financial resources sufficient to support at-scale implementation;
- sufficient flexibility to respond to both urgent needs and to adapt as nutrition problems evolve from the traditional areas of child undernutrition;
- on-going communication and coordination mechanisms that work smoothly through respectful and efficient interactions with national leadership; and,
- checks and balances and a culture of learning to assure accountability and technical integrity.

The findings from this review suggest that the international nutrition community, and national counterparts, are now far from this long-term ideal, and instead are faced with major constraints within and across organizations, technical fragmentation, limited policy voice, and vast shortfalls in resources, relative to needs. To get “from here to there” will require a sequence of actions, each with its own timetable and resource requirements.

Strategic Actions

Based on interviews and feedback from an earlier version of this paper, the following actions are recommended over the next 6–12 months.

1. Generate a mandate from funders for change, with clear incentives. The current institutional players have learned how to survive, although in a limited way, within the existing (dysfunctional) set-up. While there is interest in establishing a more functional set of institutional relationships, and some progress has been made, additional changes—that is, compromise and collaboration to agree on roles and responsibilities—imply some risk, with uncertain benefits relative to the status quo. To induce institutions, like those in the UN family, to accept that risk will require clear messages from current and

potential funders about the benefits—that is, the potential for increased and/or more flexible resources.

Specifically, bilateral, multilateral and private funders¹⁴ with an interest in supporting improved international nutrition should work together to articulate a clear set of expectations regarding an institutional framework for nutrition-related policies and priority-setting at the global level, and support policymaking and programs in countries with a high burden of childhood undernutrition. If the expectations were met by the relevant implementing and technical agencies, the funders would then have a greater ability to deploy additional financial resources for nutrition-related activities—in essence, the prize for the significant effort of sorting out institutional roles and responsibilities. For example, funders could indicate that the framework would need to reflect clarity on which institutions and/or groups of institutions were leading and participating in the following areas (possibly among others):

- Creating and disseminating coherent and consistent policy messages, shared across major institutions
- Bolstering institutional capacity at the global level in technical domains, policy and implementation
- Supporting the development of national nutrition action plans
- Coordinating across donor and technical organizations in-country
- Supporting and strengthening institutional capacity at the national and subnational level in technical domains, policy, implementation and research
- Establishing a prioritized agenda for research and other types of knowledge-generation

¹⁴ Here we are referring to bilateral donor agencies, such as USAID, CIDA, and DFID; philanthropic foundations such as the Bill & Melinda Gates Foundation, the Children’s Investment Fund, and the UN Foundation; and multilateral donors, such as the EC. All of these could reasonably be expected to be able to enter into funding arrangements with any one of a broad range of organization inside or outside of the UN family. This does not refer to UN agencies that obtain contributions from member states and allocate them toward programs and policy support.

- Identifying opportunities for and incubating public-private partnerships, along with the norms (Codes of Conduct, etc.) and the resources for monitoring and enforcement
- Taking the lead on various multisectoral policies and actions (health-education, health-agriculture, health-social protection, and others)
- Norm-setting
- Developing standards and support for data collection and sharing and a monitoring, evaluation, and operations research framework

Given that funders have diverse priorities and activities—although a common desire for a more functional institutional architecture—a process would be required to identify and communicate clear expectations, and to build the support within the funding organizations for new resources to be devoted to nutrition. This process could occur in many ways; a five-step process is suggested below as a point of departure:

Step 1—Senior management in funding agencies issue a request for a coherent (and costed) plan for mobilizing and deploying resources to address nutrition-related health problems.

Step 2—Senior technical staff at key funding agencies with knowledge of the current institutional strengths and challenges collaborate through a facilitated process to develop a draft set of “framework elements” or principles. This process should include participation in key ways by some knowledgeable but less directly vested participants to strengthen the openness, transparency, and legitimacy of the discussions.

Step 3—The technical staff, potentially with external reinforcement or promotion by a high-level political champion, brief senior management within their own organizations and ensure that the framework elements or principles were acceptable to the organization and its constituencies. Some iteration back to the broader technical group might be required.

Step 4—Senior management from across the funding agencies meet to discuss and endorse the framework elements or principles, along with a plan for monitoring and enforcement at country and global levels.

Step 5—The framework elements or principles are discussed with the senior management of implementing and technical agencies.

In some sense, this is a heavy-handed approach. It could be interpreted as funders collectively imposing their will on organizations now badly in need of additional resources to undertake vital work in support of developing countries. However, there is a widely felt and intensifying sense that the current institutional arrangements are so badly lacking in coherence and effectiveness that a dramatic step may be warranted. Simply the exercise of determining whether it is possible to establish a common set of expectations among current and potential funders would help to reveal the extent to which the incoherence is a function of the funding priorities themselves.

2. Explore opportunities for establishing nutrition as a priority with the UN System High-Level Task Force on the Global Food Security Crisis. Motivated by the urgency of addressing the food price crisis and in response to high-level statements by the G-8, the UN Chief Executives Board established the UN System High-Level Task Force on the Global Food Security Crisis (HLTF) to coordinate activities among UN agencies and the international financial institutions. Over the course of a year, the HLTF has been active in developing a Comprehensive Framework for Action and initiating implementation, involving both short- term and long-term tracks. While there is only modest attention to nutrition (food quality and use) issues within the HLTF program of work and reporting to date, the potential—and probably the openness—exists to integrate nutrition-related concerns in a more prominent way. In addition, outside of the health sector per se, we recommend that opportunities be systematically sought to give greater emphasis to “nutrition security” within the several on-going activities focused on food security and international agriculture. A priority is to foster a connection between the nutrition agenda and the work of the UN System High Level Task Force for the Global Security Crisis,

which is stimulating and coordinating actions among the UN system and international financial institutions.

Opportunities within the HLTF program of work include ensuring that technical support on nutrition is made available to countries to better measure, report on, and develop programmatic responses to acute problems of undernutrition linked to high food prices; promoting the concept that investments intended to increase productivity of smallholder farmers should also be used to increase the quality of foods, for example through biofortified crops; and by expanding efforts to establish the global Partnership for Food Security to encompass a vision of a global Partnership for Food and Nutrition Security. These ideas could be refined and augmented through consultation with the HLTF Secretariat. Funders seeking to build a strong bridge between nutrition and the agricultural sector could explore ways to provide incremental resources to the Secretariat to support this type of integration.

CONCLUSION

This paper is a modest effort to summarize diverse views about the strengths, weaknesses, and opportunities for improvement of the international nutrition community. Leaders in the sector are invited to consider whether this represents a fair assessment of the current complement of international organizations working on nutrition-related issues, and whether the actions outlined would be likely to close the gap between the current reality and the ideal vision of greater policy visibility, better coordination, effective technical support, and significantly more financial resources. We hope that this paper contributes to a dialogue about these recommendations (or others that have been proposed) to unify the community into a coherent way forward.

Annex 1

Individuals Consulted

1. Marc Van Ameringen, Global Alliance for Improved Nutrition
2. Catherine Bertini, Bill & Melinda Gates Foundation and Syracuse University Maxwell School of Public Policy
3. Howarth Bouis, Harvest Plus, International Food Policy Research Institute
4. Francesco Branca, Nutrition and Health for Development, WHO
5. Bruce Cogill, UNICEF
6. Frances Davidson, Office of Health and Nutrition, US Agency for International Development
7. Helene Gayle, CARE
8. Marcia Griffiths, Manoff Group
9. Jean Pierre Habicht, Cornell University
10. Paige Harrigan, Save the Children US
11. Abigail Kelly, Save the Children UK
12. Lawrence Kent, Bill & Melinda Gates Foundation
13. Katharine Kreis, Bill & Melinda Gates Foundation
14. Marti van Liere, Unilever
15. Rahul Malhotra, UK Department for International Development
16. Venkatesh Mannar, Micronutrient Initiative
17. Frances Mason, Save the Children, UK
18. Saul Morris; Gates Foundation, London School of Hygiene and Tropical Medicine
19. Penelope Nestel, University of Southampton, UK
20. Rachel Nugent, Center for Global Development
21. David Pelletier, Cornell University
22. Michael O'Donnell, Save the Children, UK
23. Gretel Pelto, Cornell University
24. Ellen Piwoz, Bill & Melinda Gates Foundation

25. Juan A. Rivera, Center for Research in Nutrition and Health, National Institute of Public Health, Mexico
26. Shireen Khan, PepsiCo
27. Werner Schultink, UNICEF
28. Meera Shekar, World Bank
29. Louise Sserunjogi, GAIN
30. Roy Steiner, Bill & Melinda Gates Foundation
31. Toby Stillman, Save the Children, US
32. Shakuntala Thilsted, Independent
33. Ricardo Uauy, IUNS, Professor of PH/Nutrition, London School of Hygiene and Tropical Medicine; SCN Working Group Chair
34. Ulrich Villis, Boston Consulting Group

Annex 2

Table 1. Illustrative Organizations Active in International Nutrition		
Category	Organization	Key Role(s) Related to Nutrition
<i>Multilateral Agencies</i>		
	UNICEF	Program implementation focused on maternal and child health, norms and standard setting. Focus on nutrition security, micronutrients, breastfeeding, and emergency response.
	United Nations Standing Committee on Nutrition (SCN)	Network of food and nutrition professionals. Promotes cooperation among UN agencies and partner organizations, including NGOs, in support of community, national, regional, and international efforts to end malnutrition.
	World Bank	Project and sector financing to countries with loans on near-commercial and soft terms. Supports government implementation of projects and policy reforms with technical assistance from WB staff and consultants.
	World Food Programme (WFP)	Implementation of emergency response/food aid. Provides logistics and support through development programs. Operates school feeding programs.
	World Health Organization (WHO)	Sets standards, and establishes policies and programs. Biomedical / public health focus on reduction of micronutrient malnutrition, growth assessment and surveillance.
<i>Bilateral Agencies</i>		
	Canadian International Development Agency (CIDA)	Donor with focus on micronutrient and other technical interventions, i.e. vitamin A programming and iodine.
	United States Agency for International Development (USAID)	Largest bilateral donor; focus on targeted maternal and child health projects, micronutrient interventions.
<i>Non-Governmental Organizations</i>		
	Academy for	Short-term technical assistance, product research and marketing.

	International Development	
	CARE	Technical support. Focus on the delivery of food commodities and resources during emergencies.
	Global Alliance for Improved Nutrition	Support public-private partnerships to address micronutrient deficiencies.
	Helen Keller International	Intervention delivery; research, and advocacy functions. Focus on nutrition, child survival, and eye health.
	Manoff Group	Intervention delivery, communications and behavior centered programming.
	Micronutrient Initiative	Intervention delivery and research. Focus on micronutrient and vitamin deficiencies, vitamin A supplements, fortification.
	PATH	Development of new diagnostics for micronutrient deficiencies; innovation in biofortified foods
Category	Organization	Key Role(s) Related to Nutrition
<i>Universities and research institutions</i>		
	Consultative Group on International Agricultural Research (CGIAR)	Research; alliance of members, partners and 15 international agricultural centers. Focus on food security.
	Cornell University	Training and research, including basic science, community nutrition, policy development.
	Instituto de Investigación Nutricional (Lima, Peru)	Research and program implementation, teaching and training services in health and nutrition. Focus on community health in Peru.
	International Center for Tropical	Development of biofortified foods.

	Agriculture (CIAT)	
	International Food Policy Research Institute (IFPRI)	Scientific research and related activities; supported by CGIAR; focus on food security and poverty reduction. Implementing HarvestPlus.
	Johns Hopkins University Bloomberg School of Public Health	Research and training in public health nutrition.
	London School of Hygiene and Tropical Medicine	Research and training in public health nutrition.
	Mahidol University, Thailand	Research and policy analysis, training, and consultation.
<i>Private Sector</i>		
	Danone	Grameen Danone partnerships to promote local entrepreneurship in nutrition.
	Unilever	Partnership with WFP to improve the nutrition and health of poor school-aged children.
<i>Philanthropies</i>		
	Bill & Melinda Gates Foundation	Focus on reducing micronutrient deficiencies and undernutrition in vulnerable groups, particularly women & children < 2 years through Global Health program; Global Development program includes grantmaking to increase quantity and quality of staple foods.
	Children's Investment Fund	Emerging emphasis on nutrition and food security as part of long-term development programs.