

# GLOBAL NUTRITION REPORT

SUMMARY REPORT

## ABSTRACT

This is a summary of the recently published Global Nutrition Report prepared by an Independent Expert Group.

## HERD



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## Introduction

The Global Nutrition Report is the only independent and comprehensive annual review of the state of the world's nutrition. It is a multi-partner initiative that reflects on successes and failures at meeting intergovernmental nutrition targets. It documents progress on commitments made on the global stage, and it recommends actions to accelerate that progress.

On June 14, 2016, Food Tank, Bread for the World, 1,000 Days, Humanitas Global, International Food Policy Research Institute, The Chicago Council on Global Affairs, and USAID hosted the 2016 Global Nutrition Report launch and the released the United States Government Global Nutrition Coordination Plan 2016–2021 in Washington, D.C. The event included a dynamic discussion about the report's findings and its recommendations for targeted, sustainable progress.

Over the past decade, momentum around nutrition has been steadily building, with governments and stakeholders around the world acknowledging nutrition as a key component of development. In 2015, the Sustainable Development Goals enshrined the objective of "ending all forms of malnutrition", challenging the world to think and act differently on malnutrition to focus on all its faces and work to end it, for all people, by 2030.

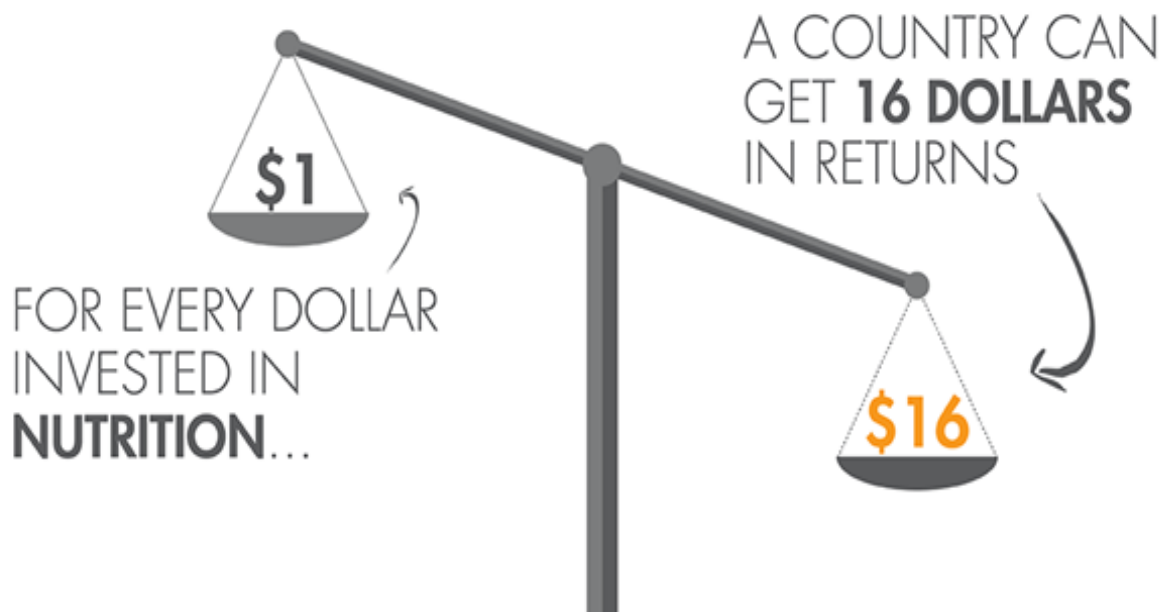
## Status of Nutrition

This report explored the state of nutrition in the world, the underlying determinants of malnutrition, and the individual and societal challenges that accompany the global health crisis.



The effects of malnutrition manifest in a number of ways, including children and adults suffering from hunger, individuals who are prone to infection, poor child growth and development, people who suffer because their diets lack proper nutrients or are unhealthy, and people who are obese or suffer from diet-related illnesses such as heart disease, diabetes, and certain cancers. According to the World Health Organization (WHO), more than 1.9 billion adults were overweight in 2014, while 462 million adults were underweight. More than 600 million adults were obese. Forty-one million children under the age of five suffered from being overweight or obese, while 159 million were affected by stunting (low height-for-weight) and 50 million were affected by wasting (low weight-for-height). Diet and malnutrition are the greatest risk factors for the global burden of disease, with every country on the planet facing a serious public health challenge due to malnutrition.

Malnutrition and diet are by far the biggest risk factors for the global burden of disease: every country is facing a serious public health challenge from malnutrition. The economic consequences represent losses of 11 percent of gross domestic product (GDP) every year in Africa and Asia, whereas preventing malnutrition delivers \$16 in returns on investment for every \$1 spent. The world's countries have agreed on targets for nutrition, but despite some progress in recent years the world is off track to reach those targets.



## Situation in Nepal

- Nepal falls among one of the country that are close to moving from off course to on course on stunting among children below five years of age. Other countries to fall under the list are Ivory Coast, Nicaragua, Serbia, Zimbabwe, India, Rwanda and Sri Lanka, and Nepal is the closest among these countries.
- Approximately 55% of children in Nepal fall under the category of being neither stunted nor wasted.
- About 3.1% of general government expenditure is allocated for nutrition sensitive interventions in Nepal.
- About 41% of government expenditure was allocated to nutrition relevant sectors in 2012 in Nepal.
- Approximately 25% of the population from high income group face stunting and about 35% of the population from low income group face stunting.
- Overweight status of children under 5 represent about 2% of the population with very little difference between the number of boys and girls in Nepal.
- Breastfeeding practice in Nepal is high and is approximately about 70%.
- Nepal ranks 111 based on wasting prevalence in the world. Its wasting prevalence is 11.3%.
- Nepal ranks 109 based on stunting prevalence in the world. Its stunting prevalence is about 37.4%.
- Nepal ranks 17 based on overweight prevalence. Its overweight prevalence is about 2.1%.
- On exclusive breastfeeding, Nepal ranks 25.
- Nepal ranks 146 based on anemia prevalence. Its anemia prevalence is about 36.1%.
- Nepal ranks 6 based on adult overweight and obesity prevalence, with prevalence rate being around 18%.
- Overall Nepal is showing good progress to overcome malnutrition in the recent years.

## Major Findings



Malnutrition and poor diets constitute the number-one driver of the global burden of disease. The annual GDP losses from low weight, poor child growth, and micronutrient deficiencies average 11 percent in Asia and Africa which is greater than the loss experienced during the 2008–2010 financial crisis.

Many countries are on course for meeting targets related to stunting, wasting, and overweight among children under age 5 and exclusive breastfeeding. However, nearly all countries are off course, for meeting targets on anemia in women and adult overweight, diabetes, and obesity. Obesity and overweight, rising in every region and nearly every country, are now a staggering global challenge. The number of children under 5 who are overweight is approaching the number who suffers from wasting.

Improved nutrition is the platform for progress in health, education, employment, female empowerment, and poverty and inequality reduction. In turn, poverty and inequality, water, sanitation and hygiene, education, food systems, climate change, social protection, and

agriculture all have an important impact on nutrition outcomes. The report shows that women's power and status constitute a particularly important driver of malnutrition: mothers age 18 or under are more likely to have stunted children, and children are less likely to be stunted if their mother has secondary education. It is thus important to incorporate nutrition targets into development and social sectors, where many governments spend more than 30 percent of their budgets, and to measure the impacts of spending in these sectors on people's nutrition.

Given the scale of the malnutrition problem, current spending designed to overcome it is too low. Analysis shows that 24 low- and middle-income governments allocate just 2.1 percent of their spending to reducing undernutrition, whereas they spend a total of more than 30 percent on agriculture, education, health, and social protection. Donors' allocations to nutrition-specific interventions are stagnating at \$1 billion. Spending on nutrition-related NCDs also appears low. At present we do not know how much governments allocate to combating nutrition-related NCDs.

Businesses with stronger commitments to nutrition have a stronger ability to deliver products, marketing, and labeling that support nutrition. Countries that set undernutrition targets also reduce stunting faster. Despite this, analysis shows that most nutrition plans do not include the full set of targets for maternal, infant, and young child nutrition, and when countries have set targets, only two thirds of them are SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) . In addition, only 30 percent of countries have targets for obesity, diabetes, and salt reduction in their national NCD plans.

Further, core policies and programmes that promote breastfeeding are seriously missing: only 36 percent of countries implement all or many provisions of the International Code of Marketing of Breast-milk Substitutes. No country has adopted a comprehensive approach to regulating the marketing of foods and nonalcoholic beverages to children. Two-thirds of countries have made no progress in carrying out three core WHO recommendations to promote healthy diets (salt reduction, trans- and saturated-fat reduction, and implementation of WHO's Recommendations on Marketing to Children).

The data available at the moment is not sufficient to maximize investment. The scarcity of data prevents us from identifying and learning from real progress at the global and national levels. It also hides inequalities within countries, making it more difficult for governments to know about them and for others to hold governments fully accountable. The report recommends disaggregating data to better understand where malnutrition exists: in an analysis of more than 50 countries, the stunting rate in the subnational region with the highest rate is three times that of the subnational region with the lowest rate. In 13 countries, stunting rates in the wealthiest quintile of society exceeded 20 percent, belying the notion that income necessarily equals good nutrition.

## Calls to Action



Ending malnutrition is ultimately a political choice that leaders from governments, donors, civil society organizations, and businesses at international, national, and subnational levels need to take. Making SMART commitments to nutrition would plot a different development route for countries and individuals across the world.

Investing in ending malnutrition is one of the most cost-effective steps governments can take: every \$1 invested in proven nutrition programs offers benefits worth \$16. We need more spending to build capacity to address obesity, diabetes, and other nutrition-related NCDs. To meet key global nutrition milestones, governments and donors will need to triple their commitments to nutrition over the next decade. Rapid increases in spending, and consequent improvements in nutrition, are possible, as places like the Indian state of Maharashtra have shown for undernutrition. At the same time, governments, civil society organizations, donors, and businesses need to do more to ensure that budgets in various sectors—agriculture, education, food systems, health systems, social protection, and water, sanitation, and hygiene—allocate more resources to ending malnutrition in all its forms.

Right data needs to be collected to maximize investment. Data gaps are a significant roadblock to nutrition progress throughout the world. Every country has a different nutrition context and should gather the national and subnational data it needs to understand—and act on—its own unique situation. Governments, donors, businesses, and civil society organizations should track—and regularly report—their spending and impact on all forms of malnutrition, including

stunting, wasting, anemia, obesity, and NCDs, as well as on exclusive breastfeeding. Governments, funders, and researchers should work together to close the knowledge gaps that are holding back action.

Governments, businesses, civil society organizations, and individuals need to tackle malnutrition in all its forms. This means low- and middle-income-country governments must move to dramatically reduce undernutrition before obesity and nutrition-related NCDs become even more overwhelming. It means these countries must integrate the prevention and control of diabetes and obesity into their nutrition plans and implement the policies and interventions that can tackle them. It means OECD (Organization for Economic Co-operation and Development) countries must learn from experiences elsewhere in the world to improve their domestic strategies for fighting obesity and NCDs. All stakeholders need to increase the efficiency of their investments and policies by identifying and implementing double-duty actions that tackle more than one form of malnutrition at once.

## Recommendations

The 2030 Agenda for Sustainable Development commits to “leave no one behind” in pursuit of ending poverty and promoting peaceful and inclusive societies. It recognizes that refugees, IDPs, and host communities are among the most vulnerable. To progress on the 2030 agenda for these populations, the international community needs to work collaboratively with governments to do the following:

1. Continue to regularly monitor the nutrition (Global Acute Malnutrition, stunting, and anemia) and food security situation of refugees to foster accountability.
2. Strengthen linkages among governments, other UN agencies, and development partners to effectively address stunting and anemia in protracted refugee populations.
3. Strengthen coordination among host governments, UNICEF, and UNHCR to ensure availability of basic health, nutrition, and WASH (water, sanitation, and hygiene) services for refugees, IDPs, and host communities, integrating into and supporting national systems whenever possible.
4. Further understand reasons behind global food assistance funding deficits and identify predictable funding to ensure an adequate (in quantity and quality) food ration or cash transfer, while continuing to monitor the impact of cuts and refine mechanisms to target food assistance to the most nutritionally and economically vulnerable refugees.
5. Support and advocate for the development of legal frameworks that allow refugees the right to work, access to land, and freedom of movement to improve their food security and livelihoods.