Nourishing the SDGs

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Global Nutrition Report
IEG member
Malnutrition in all its forms is a large scale and universal problem

- 2 billion people lack key micronutrients like iron and vitamin A
- 2 billion adults are overweight or obese
- 155 million children are stunted
- 41 million children are overweight
- 52 million children are wasted
- 88% of countries face a serious burden of either two or three forms of malnutrition

In these 6 countries, 38 million people are severely food insecure:

- Nigeria
- Ethiopia
- Yemen
- South Sudan
- Somalia
- Kenya

Countries with famines declared
Countries with drought-like conditions
FIGURE 1.2: Global statistics for the nutritional status and behavioural measures adopted as global targets for maternal, infant and young child nutrition (MIYCN) and diet-related non-communicable diseases (NCDs)

- **Sodium intake**
  - Mean population 2010: 4 g/day

- **Childhood overweight**
  - Under 5 years: 41 million
  - Prevalence: 6%

- **Childhood wasting**
  - Under 5 years: 52 million
  - Prevalence: 8%

- **Low birth weight**
  - Newborns 2014: 20 million
  - Prevalence: 15%

- **Childhood stunting**
  - Under 5 years: 155 million
  - Prevalence: 23%

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Adult diabetes
- Raised blood glucose
  - Aged 18+ 2014: 422 million adults
  - Women: 204 million
  - Men: 218 million
  - Prevalence: 8%

Adult obesity
- Body mass index ≥30
  - Aged 18+ 2014: 641 million adults
  - Men: 266 million
  - Women: 375 million
  - Prevalence: 9%

Adult hypertension
- Raised blood pressure
  - Aged 18+ 2015: 1,130 million adults
  - Men: 597 million
  - Women: 529 million
  - Prevalence: 11%

Anaemia
- Women of reproductive age 15–49 years 2016: 613 million women
  - Non-pregnant women: 578 million
  - Pregnant women: 35.3 million
  - Prevalence: 15%

Adult overweight
- Body mass index ≥25
  - Aged 18+ 2014: 1,929 million adults
  - Men: 947 million
  - Women: 982 million
  - Prevalence: 20%

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Notes: "Disaggregation conducted by WHO 2017" and sex-specific numbers are not available. Note: Raised blood glucose is defined as fasting glucose ≥ 7.0 mmol/L, or medication for raised blood glucose or with a history of diagnosis of diabetes; raised blood pressure is defined as raised blood pressure, systolic and/or diastolic blood pressure ≥140/90 mmHg. Prevalence is the proportion of the population reaching the target.
No country is immune

Countries with a double burden:
- Stunting and overweight: 1
- Stunting and anaemia: 52
- Overweight and anaemia: 29

Countries with a triple burden of all three indicators:
- Total Stunting: 72
- Total Overweight: 95
- Total Anaemia: 125
In 2017, yet again, the world is off course to meet nutrition targets – and, therefore, SDG 2.2

Number of countries categorised by assessment category for global targets on nutrition

- **Stunting**: 142 countries, with 9 showing no data/insufficient trend, 24 showing no progress or worsening, 18 on course.
- **Wasting**: 136 countries, with 21 showing no data/insufficient trend, 7 showing no progress or worsening, 29 on course.
- **Overweight**: 146 countries, with 16 showing no data/insufficient trend, 31 showing on course.
- **EBF**: 150 countries, with 16 showing no data/insufficient trend, 7 showing no progress or worsening, 20 on course.
- **Anaemia**: 137 countries, with 49 showing no progress or worsening.
- **Obesity, men**: 189 countries, with 8 showing no progress or worsening.
- **Obesity, women**: 189 countries, with 8 showing no progress or worsening.
- **Diabetes, men**: 181 countries, with 8 showing no progress or worsening.
- **Diabetes, women**: 163 countries, with 26 showing some progress.
Yet the SDGs offer a tremendous opportunity for us to hold ourselves accountable for acting more, and acting differently.

“These are universal goals and targets which involve the entire world, developed and developing countries alike. They are integrated and indivisible. The interlinkages and integrated nature of the Sustainable Development Goals are of crucial importance in ensuring that the purpose of the new Agenda is realized… As we embark on this collective journey, we pledge that no one will be left behind.”
What do the SDGs mean for what we should do differently in nutrition?
1. Take integrated action

Improving nutrition will be a catalyst for achieving goals throughout the SDGs...

Making connections

...and tackling underlying causes of malnutrition through the SDGs will help to end malnutrition.

1. Sustainable food production
2. Strong systems of infrastructure
3. Health systems
4. Equity and inclusion
5. Peace and stability
Agricultural yields will decrease as temperatures rise by more than 3°C.

More carbon dioxide will mean less protein, iron, zinc and other micronutrient content in major crops consumed by much of the world.

More sustainable diets could make a significant difference to climate change, biodiversity and our waters. Food production uses 70% of the world’s freshwater supply, agriculture produces 20% of all greenhouse gas emissions, and livestock uses 70% of agricultural land.
Infrastructure like roads, sanitation and electricity is needed to deliver food, water and energy more equitably. This includes cities: the world’s urban population will reach 66% by 2050, yet deprived areas are underserved, while infrastructure has made it easier to deliver foods that increase the risk of obesity.

Improved nutrition supports ‘grey matter infrastructure’: healthy people with the knowledge, ability and energy to drive economic development and build the future. Good nutrition gives people more labour and mental capacity, offering a $16 return for every $1 invested.
A well-functioning health system is vital to deliver preventative interventions at scale, to prevent and treat undernutrition, particularly in young children and mothers, and to tackle diet-related NCDs and obesity.

- Undernutrition leads to 45% of all under-5 deaths.
- Improved nutrition reduces sickness and lowers death rates, and so reduces the burden on health systems.
Education is associated with improved nutritional outcomes. Mothers who have had quality secondary school education are likely to have significantly better nourished children. Nutrition is linked to GDP growth: a 10% rise in income translates into a 7.4% fall in wasting.

Well-nourished children are 33% more likely to escape poverty, and each added centimetre of adult height correlates to an almost 5% increase in wage rates. Improved nutrition means better outcomes in education, employment and female empowerment, as well as reduced poverty and inequality.
The proportion of undernourished people living in countries in conflict and protracted crisis is almost three times higher than that in other developing countries.

Malnutrition will not end without peace and stability.

Investing in food security and the fair distribution of natural resources is critical for both nutrition resilience and reduced fragility.
2. Make financing integrated

- **We need more financing for nutrition:** ODA: only 0.5% on undernutrition, 0.01% on NCDs
- **7 out of 10 financial commitments** by donors to N4G have been achieved or are on course to be achieved
- **Donor nutrition sensitive going up**

**Nutrition-sensitive spending by reporting donors, 2012–2015**

- 2012
- 2013
- 2014
- 2015

**US$ Millions**

- **Other**
- **EU**
- **Canada**
- **UK**
- **US**

Global Nutrition Report 2017
2. Make financing integrated

Budget allocations to nutrition-specific and nutrition-sensitive interventions
(% of general government expenditure, 37/41 countries, 2017)
3. Make commitments meaningful

### Progress against N4G commitments by signatory group, 2017

<table>
<thead>
<tr>
<th>Signatory Group</th>
<th>Reached commitment or on course</th>
<th>Off course</th>
<th>Not clear</th>
<th>No response</th>
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<tbody>
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<td>Total (203)</td>
<td>36%</td>
<td>6%</td>
<td>8%</td>
<td>49%</td>
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<tr>
<td>Companies (workforce) (58)</td>
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<td>3%</td>
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<td>66%</td>
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<tr>
<td>Companies (non-workforce) (20)</td>
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<td>10%</td>
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<td>70%</td>
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<td>Countries (impact) (19)</td>
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<td>26%</td>
<td>11%</td>
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<td>27%</td>
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<td>Countries (policy) (21)</td>
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<td>10%</td>
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<td>Countries (programme) (19)</td>
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<td>Other organisations (4)</td>
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<td>Civil society organisations (financial) (7)</td>
<td>57%</td>
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<tr>
<td>Civil society organisations (policy) (11)</td>
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<td>18%</td>
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<td>UN agencies (7)</td>
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<td>Donors (financial) (10)</td>
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<td>10%</td>
</tr>
<tr>
<td>Donors (non-financial) (12)</td>
<td>58%</td>
<td></td>
<td>25%</td>
<td>17%</td>
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</table>
We must make sure commitments are concrete pledges that are acted upon

Levels of political commitment

**LEVEL 1**
Rhetorical commitment
Spoken but not always acted on

**LEVEL 2**
Institutional commitment
Converting rhetorical commitment into substantive policy infrastructure

**LEVEL 3**
Implementation commitment
Converting rhetorical and institutional commitment into on-the-ground action and results

**LEVEL 4**
Systems-level commitment
Achieving level 1–3 commitments, sustained and adjusted over time

**LEVEL 5**
Embedded, integrated commitment
When commitments in other sectors indirectly related to nutrition achieve positive nutrition outcomes (such as economic development and poverty reduction)
4. Mind the data gaps

Data gaps are hindering accountability and progress

To improve nutrition universally we need better, more regular, disaggregated data
What do we need to do differently?
1. Be accountable for integrated action

Everyone should identify & implement at latest one triple duty action:

- an action that tackles both undernutrition and NCDs or obesity
- and other development goals
1. Be accountable for integrated action

The nutrition community should identify at least one group connected to nutrition you do not yet engage with and reach out to them to ask how you can help them achieve goals they care about.
2. Be accountable for integrated financing that aims to achieve universal outcomes

Aim for more universal, integrated outcomes and where you can be investing ‘double duty’ or ‘triple duty’.

Innovative funders – fund for innovative change in food systems, health systems and areas of development in ways that can truly drive down malnutrition burdens.

Investors who think you have nothing to do with nutrition – make sure what you are funding is benefitting nutrition for all.

The measure of success will be investors across sectors reporting on how they are helping to achieve nutrition outcomes.
3. Be accountable for embedding SMART commitments to ensure they are delivered.

Ending malnutrition through the SDGs
4. Be accountable for better, more regular, detailed and disaggregated data

We need disaggregated data for all forms of malnutrition to see who is being left behind. In particular:
- Wealth
- Gender
- Geography
- Age
- Disability

We need better data on:
- Adolescents
- Dietary intake

We need to use the data to build the dialogues, partnerships, actions and accountability needed to end malnutrition in all its forms.
NUTRITION DECADE

When

2016
2025
2030

What

WHA targets

NCD targets

How

ICN2 Framework for Action

- Sustainable, resilient food systems for healthy diets.
- Aligned health systems providing universal coverage of essential nutrition actions.
- Social protection and nutrition education.
- Trade and investment for improved nutrition.
- Safe and supportive environments for nutrition at all ages.
- Strengthened governance and accountability for nutrition.
Thank you