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How should nutrition be positioned in the post-2015 agenda?

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ABSTRACT

How should the nutrition community be positioning nutrition within the post-2015 MDG debate? This paper represents a snapshot review of ongoing nutrition challenges, the contours of the post-MDG debate, and the views of 26 experts in nutrition and the MDGs. The paper draws out post 2015 options, develops criteria for ranking the options, applies the criteria and makes a recommendation. While a nutrition goal (the "vertical" option) that covers all countries and addresses both under and overweight and obesity may well be most effective for galvanizing commitment for nutrition and for guiding action, it does not seem politically feasible. A strong position for nutrition is to be located with hunger in a "vertical" goal with an additional "horizontal" goal which places nutrition-specific indicators alongside nutrition-relevant indicators in new goal buckets, with placement driven by the UNICEF conceptual framework for undernutrition. The "minimalist" option of simply replacing the flawed underweight indicator with the superior stunting indicator in the poverty goal will not galvanize any constituency and should be rejected.

Introduction

We are less than 3 years away from the end of the MDG period, January 1, 2016. The debate about whether there should be a new set of Development Goals and what they should look like is in full swing. There are several websites devoted to the debate[1] there are at least 2 formal consultation processes initiated by the UN[2] and countless articles, opinion pieces and blogs, not to mention over 1000 papers cited in Google Scholar in 2012. This high level of activity reflects the effectiveness of the MDGs at influencing the development debate, spending, and policy. If the MDGs did not matter, there would not be such interest.

Many decisions will be made in the next 2–3 years, and yet the nutrition community has been rather silent on how nutrition should be embedded within the next set of goals. The Rome agencies have just completed a consultation on food and nutrition within the next set of MDGs and Save the Children (2013) and others have put forward their position papers on nutrition post 2015, so momentum is beginning to build.

This paper is a contribution to thinking about where nutrition should fit in the post 2015 settlement.

First the paper asks: did the MDGs change anything, what did they do for the fight against malnutrition and how could they have done more? Second, the paper summarizes the state of play in the "post 2015" debate: which principles and frameworks are emerging as influential and what are the opportunities for nutrition? Third, the paper summarizes the views of 26 experts on nutrition and on the MDGs as to the positioning of nutrition within the next round of MDGs. Fourth, the paper makes the case for its recommendation on how nutrition would best be served by the next set of development goals. Finally, the paper reflects briefly on the processes needed to enhance the nutrition community's influence in the post 2015 debate.

The methods used to generate evidence for the paper are a combination of the following: (a) a review of key nutrition status documents, (b) a review of key post 2015 documents, (c) an analysis of nutrition outcome data and (d) a synthesis of email interviews with 26 leading thinkers about nutrition or the post 2015 MDG agenda, based on an invitation to approximately 40 such individuals known to the author.

The MDGs and malnutrition

This section reviews how the MDGs may or may not have advanced progress on reducing undernutrition and outlines the nutrition challenges that a future set of goals could help tackle.

What have the MDGs done for malnutrition in the past 15 years?

This is a difficult question to address. 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

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[1] See Post 2015 (http://post2015.org/) and Beyond 2015(http://www.beyond2015.org/).

[2] See the UN High Level Panel Co-Chaired by President Johnson Sirleaf, President Yudhoyono and Prime Minister Cameron and the UN General Assembly (UNGA) Open Working Group on sustainable development goals.

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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. The Lancet 2008 series (Horton, 2008) is credited with generating a consensus set of evidence-based direct nutrition interventions which were effective in multiple contexts and for helping unify the nutrition community via a focus on the first thousand days post conception. The problem stream (food price crisis) and the solution stream (Horton, 2008) coincided and there was sufficient political space[3] for the two to come together to support the creation of the Scaling Up Nutrition (SUN) movement.

For development more broadly, it is generally considered that for the "donor countries" the MDGs: (a) strengthened the view that if support for aid is to be sustained, measurable progress must be shown in areas that the public in donor countries view as desirable (Manning, 2010), (b) may well have played a role in increasing aid flows (Kenny and Sumner, 2011), (c) may have increased the share of aid that goes to sub-Saharan Africa (Kenny and Sumner, 2011) and (d) may have increased the percent of aid spent on health, mainly on HIV/AIDS, malaria and TB (MDG6) (Piva and Dodd, 2009).

While for the "developing countries", the MDGs are considered to have had more influence on political discourse and the framing of issues than on domestic resource allocation (Manning, 2010, reviewing a number of pieces of evidence) and little discernable impact on policies (Kenny and Sumner, 2011, reviewing an overlapping but slightly more recent set of evidence).

For nutrition, its only foothold in the MDGs has been as one of 9 indicators under the three targets in MDG1. As one of 9 indicators of a Goal "owned" by the World Bank and FAO, the underweight indicator tends to get lost. Nevertheless, having the underweight indicator in the MDGs helped agencies defend an upswing in attention and investment in nutrition.[4] First, while it was certainly not sufficient to generate increased interest in nutrition, it may have been necessary, to give development agencies permission to intensify actions. Second, the rates of progress in reducing underweight rates at that time were very weak, with only a handful of high burden countries being on track to meet the MDG target (UNICEF, 2007).

There has been significant progress in underweight reduction during the MDG period. Fig. 1 shows that on a global level we are almost on track to halve 1990 underweight rates (25%) by 2015. The picture is much less positive in Sub Saharan Africa where the declines are lagging.

Could the MDGs have done more for nutrition? Given the fragmented nature of the international leadership and governance of nutrition pre-2008 (Morris, 2008) and the relatively closed process for developing the MDGs, it is unlikely. The opportunities for a more unified nutrition community to position nutrition strongly within a more open post-2015 process are much stronger in 2013 than in 1998–99.

Galvanizing the nutrition community: what are the nutrition challenges that a new set of MDGs could help address?

Despite this progress, many nutrition challenges remain. Key challenges include:

- Stunting rates have declined very slowly, especially in sub-Saharan Africa (but there are causes for optimism).

At the regional level, sub-Saharan African stunting[5] rates have decreased slowly in the last 20 years (De Onis et al., 2011) which means that the number of African children that are stunted has increased substantially (from 9.5 million in 1990 to 13 million in 2010). As the average implies, some countries in the region are doing better than this. For countries that have two DHS surveys which collect stunting, we can see that in some places (e.g. Ghana) stunting is declining at over 1 percentage point per year—enough to meet the MDG goals if the rate had been maintained over the 25 year period (Table 1). A new set of MDGs that brought greater attention to this outcome and its determinants could help change this by drawing resources to the issue.

- Wasting rates are very high in some countries.

Wasting rates define acute malnutrition—malnutrition where the weight for height is low. Wasting is the result of a wide range of factors—shocks such as drought, floods and conflict, and possibly also environmental hazards such as open defecation in South Asia. It is one indication of the resilience of a system to shocks. From Table 2 we can see that wasting rates (moderate and severe) are highest in South Asia (16%) and in sub-Saharan Africa (8.5%) and since 1990 have declined very slowly in both regions.

- Nutritional status of women of reproductive age is worryingly poor.

The WHO, 2012 for the WHA 2012 targets states "About 468 million women aged 15 to 49 years (30% of all women) are thought to be anaemic, at least half is thought to be due to iron deficiency. The highest proportions of these anaemic women live in Africa (48% to 57%), and the greatest numbers are in south-eastern Asia (182 million non pregnant women of reproductive age and 18 million pregnant women)." And while "Several countries have demonstrated a reduction in anaemia prevalence in non pregnant women, as indicated by repeated national surveys reported in the SCN 6th report on the World Nutrition Situation" (SCN, 2012). While the SCN report itself notes "In general, dietary improvement with enhanced bioavailability of iron and better public health can be expected to gradually decrease anaemia. But we are not seeing this, at least in women". This is a problem that we would look to the MDGs to help build commitment for.

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

Diet related chronic disease and their associated risk factors are tracked outside of the MDG process (Murray et al., 2012). They are the major contributors to the burden of disease in every region outside of SSA and South Asia and are rapidly growing within those two regions. This means they are not given sufficient priority by the international development community. But this separation is becoming increasingly difficult to maintain. First, from Table 3 below we can see that there are as many obese children in low income countries as there are in high income countries and that while the numbers are increasing rapidly in both groups of countries the rate of increase in the low income countries is twice as high as the high income countries. Second, it is true, we think, that

[3] Several political factors tend to be highlighted in various conversations, ranging from new leadership at the World Bank in 2007 and the US in 2009, to the afterglow of Gleneagles and the Make Poverty History movement of 2005. One of the key factors is likely to have been the demand from politicians (via their electorates in austerity-hit donor countries) for investments of ODA that demonstrated tangible outcomes (lives saved) in ways that would resonate with the general public (child malnutrition) and also generated large benefit-cost ratios (as laid out in the Copenhagen Consensus findings of 2004 and 2008: see Horton et al., 2008).

[4] A view of one of the interviewees.

[5] Stunting (short height for age) is a better indicator of chronic undernutrition than underweight (short weight for age) because it is more specific: underweight rates can be improved via better linear growth or by weight gain that is not associated with height gain. Linear growth at a given age (height or length) is the clearer marker of human development at the population level.