

NUTRITION:

THE KEY TO UNLOCKING UK AID'S IMPACT

The International Coalition for Advocacy on Nutrition (ICAN)
UK's recommendations to the UK Government



RESULTS



Save the Children



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List of Acronyms

DAC – Development Assistance Committee

DFID – Department for International Development

ICAN - International Coalition for Advocacy on Nutrition

N4G – Nutrition for Growth

NCDs – Non-Communicable Diseases

OECD – The Organisation for Economic Co-operation and Development

PHC – Primary Health Care

RUTF – Ready-to-Use Therapeutic Food

SDGs – Sustainable Development Goals

SUN – Scaling Up Nutrition

UHC – Universal Health Coverage

UNFCCC COP – United Nations Framework Convention on Climate Change Conference of the Parties

WASH – Water, Sanitation and Hygiene

WHA – World Health Assembly

Cover pic: Eight months ago, Nasibo Asuran (30) gave birth to a daughter - Ramah. Nasibo lives with her two other children – Samson (5) and Gumatho (10) and her mum and dad. "I am happy I have a healthy child. I took her to the clinic and she has had all her vaccinations. I have been breastfeeding her and am now giving her food. The Community Health Volunteer visits us to check that everything is OK." Photo: Peter Caton / Concern Worldwide



Children playing in Katalé, North Kivu,
Democratic Republic of Congo.
Photo: Kieran McConville / Concern Worldwide

1. Introduction

In 2018, 5.3 million children under the age of five died¹, with undernutrition being a key cause of nearly half those deaths². At the same time, low- and middle- income countries are witnessing a rise in child overweight and obesity³. One in three children globally suffers from one or more forms of the triple burden of malnutrition — undernutrition, micronutrient deficiencies, and overweight and obesity⁴. In October 2019, the Secretary of State for International Development recommitted to ending preventable deaths of mothers, babies and children in the developing world by 2030⁵. The Tokyo Nutrition for Growth (N4G) 2020 Summit offers us an opportunity to take a significant step towards delivering on that pledge.

In 2013, the UK hosted the first ever N4G Summit, mobilising around GBP 17 billion — of which the UK contributed GBP 1.25 billion in new investments — to combat malnutrition. This summit galvanised world leaders to generate a lasting legacy to build a safer, healthier and more prosperous world by spearheading global action to tackle malnutrition. In the years since, the number of children whose physical and cognitive development is stunted by malnutrition has reduced by 12 million⁶. That is 12 million more children who will have a better chance to survive and thrive. The UK has played a central role in this progress.

Globally, the UK is among the most respected donors to nutrition and is set to surpass the commitments it made at N4G 2013^{7,8}. Through the Department for International Development (DFID), the UK's efforts have helped to improve the lives of women, girls and children around the world and to catalyse economic growth for the poor. The expertise that DFID has developed in undernutrition gives

it a uniquely influential position, which comes with great responsibility not only to emphasise tackling malnutrition in all its forms throughout its portfolio, but to encourage other donors, high-burden governments and the private sector to do the same. The forthcoming sections of this brief highlight that in order to unlock the full benefits of DFID's spend on health, education and climate, nutrition must continue to be prioritised.

However, the UK's existing commitments to nutrition end in 2020. If global donors, alongside high-burden country governments, the private sector and civil society, do not refocus on the task at hand to end malnutrition in all its forms by 2030, and renew their pledges for 2021 and beyond, progress made so far is likely to be jeopardised, putting millions of lives at risk and threatening economic progress.

1.1 Why is nutrition so important?

Good nutrition is essential to human survival. At the same time, it makes a vital contribution to the impact of the UK's wider development efforts, including in health, climate, agriculture, social protection, education, gender equality and economic development. Malnutrition in all its forms drives ill health and undermines the effectiveness of health systems, curtailing educational output and creating inefficiency in spending on education, particularly on girls' education. Undernutrition, climate change and obesity together constitute three of the gravest threats to human survival and health⁹. The mutual relationship between a changing climate, food and nutrition security, and resilience makes climate efforts highly relevant to nutrition and vice versa. Inaction on malnutrition risks undermining a range of DFID's other development efforts and critically reduces the transformative impact of UK Aid.

All children have a right to safe and nutritious food to fuel their bodies and minds and for healthy growth and development. However, in 2019, 149 million children are too short for their age (stunted) with irreversible damage to their physical and cognitive development, 49 million are too thin and at high risk of death (wasted), and 40 million children are overweight, increasing the chance of developing Non-Communicable Diseases (NCDs) and premature death¹⁰. Malnourished children fall ill more often, will not respond as well to vaccinations, are less likely to survive common illnesses, and are disadvantaged at school. They are also unable to reach their full economic potential, thus curtailing national economic development and human capital. Malnourished mothers are more likely to bear malnourished children, who are at greater risk of early onset of NCDs. Meanwhile anaemia, largely caused by iron deficiency, currently affects around a third of all women of reproductive age, impacting their health and causing complications in pregnancy both for them and their newborns, should they choose to become mothers¹¹.

The World Bank recognises malnutrition—and stunting in particular—as a key determinant of human capital¹². However, 88% of countries are dealing with more than one form of malnutrition¹³, with devastating human and economic consequences. Malnourished individuals can lose approximately 10% of their lifetime earnings, while countries lose a minimum of 2-3% and up to 10% of their GDP due to malnutrition¹⁴. Annually, the global economy loses as much as USD 3.5 trillion through all forms of malnutrition as a result of poor learning potential and school performance, compromised adult productivity and increased health care costs¹⁵.

Evidence shows nutrition is one of the development 'best buys', delivering immense value for money of at least GBP 16 in return for every GBP 1 invested¹⁶. It is critical to at least 12 of the 17 Sustainable Development Goals (SDGs)¹⁷, and prevention and treatment of malnutrition will be instrumental to drive faster progress on the

sustainable development agenda. Without sustained investment and action on all areas of nutrition, DFID's vision and efforts to tackle global challenges and end extreme poverty will only yield limited success.

1.2 Tokyo N4G 2020 – The Opportunity

The UK has been a global nutrition champion since it began the N4G initiative alongside Japan and Brazil in 2012, hosting the inaugural summit the following year. At the Universal Health Coverage (UHC) Forum in 2017, the Japanese Prime Minister Shinzo Abe followed in the UK's footsteps and committed to host the next N4G Summit in Japan in 2020. This Summit provides a crucial opportunity to galvanise world leaders, including the UK Government, to end the human and economic catastrophe of malnutrition and to take action to meet global targets and commitments outlined in the SDGs and the UN Decade of Action on Nutrition.

The Tokyo N4G summit is one of several critical moments for human development in 2020. Others include Gavi (the Vaccine Alliance) replenishment, UNFCCC Conference of Parties (COP) 26, and the continued drive to achieve UHC. These are all essential pieces in the international development jigsaw, and more importantly, they are mutually dependent - none of them will deliver sustainable change without each of the others being well funded and supported.

Nutrition is essential to further the returns achievable through the UK's investments in the above initiatives. An ambitious UK commitment at a successful Tokyo N4G 2020 Summit is therefore crucial to unlock the health, development and economic potential of millions of people worldwide, enabling individuals to pull themselves out of poverty and open up economic transformation, while multiplying the impact of the UK's wider international development agenda.



Mother and child nutrition education session as part of DFID/ FAO Livelihood and Food Security Programme in Mashonaland Central, Zimbabwe.
Photo: World Vision 2016

2. The International Coalition for Advocacy on Nutrition (ICAN) UK's recommendations to the UK Government for Tokyo N4G 2020

ICAN UK proposes that the UK Government makes a financial commitment of GBP 800 million per year to nutrition between 2021 and 2025, at the 23 July 2020 SDG Goalkeepers' event, on the fringes of the Olympic opening ceremony. This amount represents a slight increase on the UK's average annual nutrition expenditure between 2013 and 2017 of GBP 716 million/USD 885 million¹⁸. This small increase is justified by:

- The overwhelming need for increased nutrition financing around the world.
- The importance of the UK's leadership on N4G to DFID's overarching goal of poverty reduction¹⁹, avoiding the cliff edge in nutrition financing that is fast approaching, and ultimately delivering on many of the SDGs²⁰.
- The continued growth in the UK aid budget since 2013, and inflation, alongside the commitment to spend 0.7% of Gross National Income on Official Development Assistance (ODA).

A part of the UK's commitment must be to drive a scaling up of high-impact nutrition interventions that are rooted in extensive evidence of their effect on survival and human potential. These include improving treatment of wasting in children, boosting optimal breastfeeding practices and scaling up micronutrient interventions. Additional investments must drive nutrition improvements for the furthest behind, particularly in the poorest and most fragile contexts, as they not only bear a significant malnutrition burden but are prone to growing climate variability and shocks.

However, the majority of this commitment requires neither a massive nor an exclusive increase in nutrition investment. It relies on achieving smarter and better nutrition impact through wider sectoral investments and the development of more research and evidence. Given the cross-cutting nature of nutrition and food security, integrating nutrition objectives into DFID's investments on climate, health, education, economic development,

and Water, Sanitation and Hygiene (WASH) can drive multiple benefits, thus maximising overall impact without necessitating a massive uplift in nutrition resources. The recently introduced policy marker for nutrition by the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) in turn provides an appropriate and convenient tool to track this integration and its potential impact, while helping to assess need and improving accountability^{21,22}. Lastly but crucially, these investments must leverage greater political will in countries with a high burden of malnutrition through incentivising domestic resources for nutrition, for greater ownership and sustainable impact. DFID also has an opportunity to be a leader in helping other agencies understand, navigate and find solutions to address the multiple and overlapping burdens of various forms of malnutrition.

Principles to underpin the UK Government's commitment at N4G 2020

ICAN UK believes the UK Government should adhere to the following key principles, as these underpin our specific policy asks that follow:

- Address all forms of malnutrition — stunting, wasting, micronutrient deficiencies, and overweight and obesity.
- Focus on leaving no one behind, and target the furthest behind first.
- Expand evidence-based interventions and multi-sectoral action for nutrition.
- Work with national governments to develop, lead, and finance national plans for nutrition.
- Secure civil society space and voice to further nutrition improvement and accountability.

Policy areas to deliver maximum impact through the UK's nutrition and wider sectoral investments

ICAN UK recommends the UK government invests in the following policy areas to deliver maximum impact through its nutrition and wider sectoral investments:

- 1. Increase investment in proven interventions to bring them to scale.**
- 2. Improve nutrition for the most vulnerable populations who are at greatest risk of being left behind.**
- 3. Fully integrate nutrition across DFID to accelerate multi-sectoral development impact.**
- 4. Boost political ownership and investment in countries with a high burden of malnutrition.**

2.1 Increase investment in proven interventions and bring them to scale

We have ten years to end hunger and malnutrition for all, and accelerate progress towards healthier and more prosperous individuals and societies. Improving nutrition will help prevent at least half the 5.3 million child deaths that occur each year²³, and a host of solutions have already been researched and proven to reduce undernutrition amongst women and children²⁴. These include prevention of micronutrient deficiencies through supplementation and fortification, breastfeeding protection, promotion and support, treatment of acute malnutrition, and integrated efforts to prevent overweight, obesity and NCDs later in life. Crucially, these interventions are highly cost-effective. DFID has a strong value-add and experience in these areas and the scale up of 'best buy' interventions would considerably improve nutrition at the critical windows of opportunity to promote survival, growth and development throughout the lifecycle, including the first 1,000 days (from conception to a child's second birthday), adolescence, and women of reproductive age. Boxes 1 and 2 below are examples of two such integrated programmes. Further, the UK has a role to play in working with other stakeholders on an integrated approach to promoting healthy diets and tackling diet related risk factors for the prevention and control of NCDs²⁵, by providing technical assistance and policy support in this area.

2.1.1 Increased protection, promotion and support for breastfeeding

Exclusive breastfeeding for 6 months and continued until 11 months is the single most effective method to reduce child mortality in countries with high burdens of malnutrition²⁶. Annually, 823,000 child deaths in low- and middle- income countries are preventable with near universal adoption of optimal breastfeeding. Globally, some 20,000 maternal breast cancer deaths every year would also be prevented in such a scenario²⁷ along with deaths from other reproductive cancers^{28,29}. Effective breastfeeding and young child feeding programmes also provide protection from NCDs later in life. Between 2012 and 2017, rates of exclusive breastfeeding in the first six months have only increased by 4% (i.e. from 37% to 41%)³⁰. The World Health Assembly (WHA) 2025 target for this is at least 50%. More work needs to be done to protect, promote and support appropriate breastfeeding practices through DFID's investments, including to ensure the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions are legally enshrined, monitored and enforced in a greater number of countries³¹.

2.1.2 Prevention and treatment of micronutrient deficiencies

Micronutrient deficiencies or deficiencies of essential vitamins and minerals continue to have vast detrimental impacts on physical and cognitive development, and on

productivity. Anaemia impairs health and well-being particularly among women and adolescent girls; it increases risks for maternal deaths and pregnancy complications, increases the chance of low birthweight, and sets off an intergenerational cycle of undernutrition. Anaemia is also a good marker for gender inequality in nutrition. The WHA 2025 target calls for a 50% reduction of anaemia in women of reproductive age from the 2012 baseline of 30.3%, but current anaemia rates reflect an increase since 2012, rather than any reduction³². The UK must prioritise investments that target anaemia reduction through micronutrient — such as iron and folic acid — supplementation, fortification, and biofortification of staple foods with essential vitamins and minerals.

2.1.3 Prevention and timely treatment of childhood wasting

Wasting rates among children under 5 years of age have been near stagnant for years — 7.3% in 2018³³ with the WHA target being to reduce wasting rates to less than 5% by 2025. Severely wasted children are 11 times more likely to die than healthy children³⁴. They are highly susceptible to infections, take longer to recover and are more likely to relapse. Yet, less than 20% of wasted children are able to access the treatment they need³⁵. Wasting prevention and treatment are essential to improve child survival and equitable health outcomes. Equitable access to wasting treatment, namely Ready-to-Use Therapeutic Foods (RUTF), and integrated and simplified treatment protocols must be integral to the UK's efforts towards UHC. It must also work with other donors and partners such as UN agencies playing a role in RUTF procurement and supply to ensure greater coverage, smoother pipelines, and timely provision. Its wider investments focusing on equitable health systems and health services must ensure nutrition is central to these programmes and their planning.

Key Recommendations

- The UK must further scale up evidence-based micronutrient supplementation and fortification to address anaemia and other micronutrient deficiencies among women of reproductive age (including adolescent girls), and children under the age of five to improve their dietary quality.
- The UK must prioritise protecting and promoting breastfeeding for women and children everywhere through its programmes, and work with other donors and governments for stringent enforcement of the International Code of Marketing of Breastmilk substitutes.
- The UK must work with donors, the UN and civil society to effectively scale up coverage of wasting treatment, and ensure RUTF and other nutrition services are central to its wider efforts in building stronger health systems.



A nutrition class, as part of the DFID-funded Suchana programme in Sylhet, Bangladesh.
Photo: Tom Merilion / Save the Children

Box 1

Suchana programme

DFID is a key donor to the Suchana programme, a multi-sectoral nutrition programme that aims to reduce stunting amongst children under two years old in Sylhet and Moulvibazar, two districts of Bangladesh. The programme delivers a set of integrated nutrition-specific and nutrition-sensitive interventions in partnership with the Government of Bangladesh and a consortium of NGOs and private sector actors. The model includes promotion of better nutrition governance, improved access and utilisation of nutrition services, better nutrition through improved economic status, increased knowledge in targeted households to boost good nutrition practices and the generation of robust evidence for scale up. The programme is now on track to deliver its objectives, with 18/24 output milestones meeting or exceeding expectations in the most recent annual review. Examples of the progress made include a 19% uplift in exclusive breastfeeding in beneficiary households since the baseline, as well as significant gender-related benefits, such as a 50% increase in knowledge on legal age of marriage and consequences of early pregnancy among mothers.

Box 2

Child Development Grant Programme (CDGP)

DFID funds CDGP, a six-year maternal and child benefit pilot, implemented by Save the Children and Action Against Hunger in Zamfara and Jigawa states in Nigeria. It is a social protection programme that aims to address poverty and malnutrition through cash transfers, paid to mothers from pregnancy until their child reaches the age of two, alongside social behaviour change communication (SBCC) relating to maternal and child health and nutrition. The CDGP recently had its final evaluation, which showed that the programme:

- Reduced stunting among those children that were directly exposed to the full cash and SBCC package. The evaluation found that there was a 5.4% reduction in the proportion of children who are stunted and 4.8% reduction in the proportion that are severely stunted (both representing 8% reductions relative to the control group).
- Improved knowledge and beliefs of both women and men about healthy infant and young child feeding practices, and the adoption of such practices. For example, the study showed that 75% of women in targeted communities reported exclusively breastfeeding children under 6 months compared to just 47% of women in non-CDGP communities.
- Had a positive impact on household food security, dietary diversity as well as household expenditure, savings and asset ownership, especially in lean season.

2.2 Improve nutrition for the most vulnerable who are at greatest risk of being left behind

2.2.1 Improved nutrition among the poorest and most vulnerable in fragile contexts

Fragile contexts present some of the highest rates of hunger and malnutrition globally. For example, nearly 60% of Burundian children are irreversibly stunted³⁶, whereas every fourth child in South Sudan is wasted³⁷. Conflict and climate related shocks are key drivers of the recent increases in global hunger, and in 2018, more than 250 million people were experiencing acute hunger, or at the cusp of it^{38,39}. Rampant malnutrition and hunger is threatening survival, health, and livelihoods among individuals and communities, perpetuating intergenerational vulnerability and impoverishment. With climate change, we can expect to see more complex, frequent and intense climate extremes, which will further erode progress on hunger, and force the poorest and most marginalised to adopt adverse coping mechanisms. Persistent and protracted conflicts in a number of countries present challenges in reaching and treating malnourished children, and there is a growing consensus on the need to both simplify treatment protocols for acute malnutrition, particularly in fragile contexts, and better integrate nutrition infrastructure with broader health systems. Current efforts on hunger and malnutrition are leaving behind vulnerable populations in fragile contexts and weakening global progress towards the SDGs. In fact, 24 of the 31 countries severely off track for the SDGs are fragile⁴⁰.

The UK Government is commended for its commitment to spending 50% of DFID's budget in fragile states and regions⁴¹. In 2017, 57% of DFID's budget was allocated to these regions⁴², and between 2015 and 2019 DFID

reached nearly 33 million people with humanitarian food aid, cash, and voucher transfers⁴³. These investments must target the poorest and most-in-need countries with a high burden of malnutrition. Without adequate nutrition and food security accompanying wider resilience efforts, only limited progress can be achieved in these countries. There is no doubt humanitarian needs must be met in these contexts, but we need more investment in long-term development efforts focusing on the most vulnerable and marginalised. This makes the need for flexible investment essential, such as through the inclusion of crisis modifiers. DFID is already gaining experience in such investments, for example, through its investment in the Building Resilient Communities in Somalia (BRCiS) programme, and must continue to build on such efforts. Investments must focus on improving early warning systems and shock preparedness, but critically on the mechanisms and financing of early action. Quicker and more effective responses have the potential to save more lives, and reduce humanitarian needs in the future. Given the salience of nutrition in boosting survival and human potential, and in advancing the impact of wider DFID sectoral efforts, all UK aid in fragile contexts focusing on health systems, social protection, and agriculture must include nutrition objectives and interventions.

2.2.2 Climate change and nutrition

Extreme weather events linked to climate change negatively impact livelihoods and all dimensions of food security (i.e. food availability, access, utilisation and stability). They also worsen the underlying causes of malnutrition related to childcare and feeding, health services and environmental health⁴⁴. At the same time, malnutrition perpetuates ill health, vulnerability, and poverty. As the UK continues to expand its efforts and investment on climate change resilience and adaptation,

these must be made more nutrition-sensitive by driving nutrition improvements simultaneously. As the most vulnerable populations are most susceptible not only to malnutrition but also to climate shocks, collaborative efforts across these two sectors can further the level of beneficial impact achievable in strengthening resilience amongst these populations. As the UK prepares to host the next UNFCCC COP26 in 2020, and with the crucial nutrition opportunity in the Tokyo N4G 2020 Summit, the UK must align its climate efforts more closely with those on nutrition.

Key recommendations

- All UK aid programmes in fragile contexts must invest in long term funding for nutrition improvement alongside resilience building among the poorest and most vulnerable geographies and populations.
- All UK aid in fragile contexts must include a component of flexibility to enable rapid response based on timely prediction of slow onset and rapid onset shocks.
- All UK investments in fragile contexts in health, social protection, agriculture, and climate change adaptation must include nutrition objectives for greater overall positive impact.

2.3 Fully integrate nutrition across DFID to accelerate impact

Nutrition is a foundational investment. Along with UHC, vaccines for all, and education, nutrition is one of the mutually supportive pillars of human capital development. None of these interventions or development themes can deliver the sustainable progress that is needed without each of the others being well supported and invested in. DFID has made huge strides in the battle against malnutrition, but by taking an integrated “whole of DFID” approach and enabling teams to systematically engage with nutrition work across all sectors, the department can move much closer to successfully ending all forms of malnutrition by 2030 as well as see greater impact from its investments in vaccinations and education. Malnutrition remains a symptom and a driver of poverty, and tackling it must therefore be core to DFID’s overarching objectives. DFID can add significant strength to its work on nutrition by strengthening its central nutrition policy team whilst prioritising nutrition advisors throughout other areas of DFID to ensure a coordinated and cohesive nutrition agenda. In this way, DFID will be better placed to give the issue the expertise it needs as well as prioritise nutrition integration across a number of key policy areas. Further, by improving the nutrition sensitivity of its programmes across the sectors recommended below and increasing the number of high intensity programmes

with a commensurate reduction in low intensity programmes^{1,45}, it can maximise the overall impact achievable through its investments. Notably, it should integrate nutrition across DFID’s portfolio on climate, health, economic development, education, and WASH.

2.3.1 Climate-sensitive food systems

With every third person malnourished, and 88% of countries presenting one or more forms of malnutrition⁴⁶, it is clear that food systems as they currently stand are not working to deliver healthy and sustainable diets. Moreover, a changing climate is already adversely affecting the quantity as well as quality of food produced, food access, affordability, and as a result the consumption of healthy diets. Climate and nutrition profoundly impact each other. While good nutrition sets a strong foundation for individuals and communities to be healthier and more shock resilient with fewer negative coping mechanisms, efforts to improve climate change adaptation focusing on the poorest and most marginalised are essential to boost resilience and reduce vulnerability. Given this interdependence, we need a climate-smart as well as nutrition-sensitive food system, which ensures that climate mitigation and adaptation strategies take nutrition into account.

While recent UK government commitments to increase spending on climate are welcome, they and all future climate investments must focus on building resilience of the countries and communities most vulnerable to climate change, and drive simultaneous improvements in nutrition, without which the UK Government’s investments will yield limited progress. DFID can ensure food systems are both climate-smart and nutrition-sensitive, in part by ensuring any projects targeted at agriculture and food security are of a medium or high intensity in terms of nutrition sensitivity. The UK’s announcement on international climate finance at the 2019 UN General Assembly included prioritising crop varieties that are adapted for climate changes. These crops must also target local nutrition outcomes or else they will not solve problems but mask them. At the same time, efforts on making food systems more nutritious and responsive to the needs of the vulnerable must also take a climate-sensitive approach.

2.3.2 Health

Achieving UHC is vital to ending malnutrition. UHC will not be achieved until it includes interventions that effectively address malnutrition, with essential nutrition services such as supporting breastfeeding, dietary counselling, prevention and management of acute malnutrition and micronutrient deficiencies to local communities through Primary Health Care (PHC). Rather than UHC and nutrition being largely separated both in policy and programmes, it must be recognised that achieving results at scale depends on having a health service that can deliver well-coordinated health and nutrition outcomes for all. To deliver such outcomes, it is vital that DFID encourages country governments to

i. DFID defines high, medium, and low intensity reach based on the comprehensiveness of the package of services reaching the target population, and whether this package directly or indirectly targets this population. High intensity programmes are likely to deliver the maximum impact as they reach directly the target population with a nutrition-specific package and at least one nutrition-sensitive or hunger-sensitive programme. On the other hand, low intensity programmes deliver the least impact as they reach the target population only indirectly with a nutrition-sensitive programme.

devise national UHC plans, effectively integrating malnutrition treatment and prevention services to reach all those affected, especially those furthest behind. Further, those plans should have associated financing strategies including methods of boosting domestic fiscal space for health and nutrition.

2.3.3. Economic Development

Childhood malnutrition — especially stunting — has deeply negative consequences for human capital through impaired cognitive and physical development. Adults who were stunted as children tend to have learning difficulties, earn 20% less than those not affected, are less likely to be in skilled work, and are 30% more likely to live in poverty⁴⁷. If DFID is to achieve its aim of advancing economic development in the poorest countries, which it has identified as 'a hallmark of building Global Britain', it must prioritise its proposed action to build 'a sharper focus on nutrition' in its economic development programming⁴⁸. DFID should conduct a review of its economic programming and identify where, with greater emphasis on nutrition, more impact can be had. A year on year rise in the proportion of economic development programmes with medium or high intensity nutrition-sensitivity is vital for both positive economic gains and nutrition outcomes.

2.3.4 Education

Nutrition and early learning have a symbiotic relationship, in which development interventions in one have profound beneficial impact on the other. Good nutrition ensures improved cognitive development⁴⁹ and maximises the impact of education, while higher levels of maternal education lead to significant advances in nutritional outcomes for both mother and child⁵⁰. By extension, where nutritional needs are not addressed, profoundly negative consequences result, in terms of health, education outcomes and future employment prospects. Education and nutrition are therefore necessary partners in successful early childhood development, and simultaneous investment and attention must be given to both to maximise the impact of programmes and advocacy.

2.3.5 WASH

Poor WASH impacts on nutrition in multiple ways, including directly through biological pathways such as diarrhoea and other infections, and indirectly by diverting resources away from food and care practices. Better coordination and integration of nutrition behaviours and promotion of hygiene as well as improving the overall nutrition-sensitivity of WASH programmes, is critical to maximise impact and enhance efficiencies. It is particularly important that transformational WASH services are supported at a high level of service coverage, as recent evidence suggests that the most profound effect on stunting will only be achieved when the overall environment is decontaminated, and all faecal-oral transmission pathways are blocked⁵¹.

Key Recommendations

- DFID leadership must ensure that teams across the department, especially climate change, health, economic development, and WASH, understand the imperative of a nutrition sensitive approach to their investment, to maximise the impact and returns. The DFID Nutrition Team should provide the tailored technical briefings and appropriate cross-team and department staff to support this, and civil society stands stand ready to offer assistance as required.
- DFID leadership must approve and adopt the policy marker for nutrition across DFID's portfolio, and hold the above teams accountable for the nutrition-sensitivity of their programmes and spending, starting with the inclusion of explicit nutrition indicators.
- DFID Nutrition Team must champion the development of a needs and evidence-based nutrition-sensitive investment case to ensure better understanding of the breadth and importance of nutrition-sensitive interventions, and improved knowledge of the total cost for delivering SDG2.

2.4 Boost political ownership and investment in countries with a high burden of malnutrition

Malnutrition reduction will be achievable when donors and country governments are aligned in their political will, investments, and programmes for nutrition. Prioritisation of nutrition by governments in countries with a high burden of malnutrition is imperative for lasting progress on malnutrition. This must be reflected through public commitments made towards nutrition that demonstrate government leadership and accountability, complemented by adequate and sustainable domestic resources and smart, costed and adequately funded national and sub-national policies for nutrition, which must ultimately result in improved programme implementation for nutrition impact.

Recognising that donor support will not be indefinite, donors have a vital role to play in working with recipient countries to sustainably build country ownership for nutrition policies and programmes and to prioritise safe, robust and effective domestic resource mobilisation methods. Only through such action will long-term nutrition gains be secured. Further, increased country ownership, which is strongly backed by donor support, will serve to accelerate progress through increased cohesion at national and sub-national levels.

High-level commitments from high burden countries, matched with UK support for their delivery, will help to prioritise nutrition within health systems and at all levels of government. This can help to provide the predictable

and long-term funding needed to build successful and sustainable systems. Additional financing will be needed beyond donor and domestic resources, to end all forms of malnutrition by 2030. To bridge this gap, private sector financing must be leveraged for nutrition, recognising the role of the private sector not only in improving the production, access and affordability of more nutritious foods but in ensuring a responsible approach to nutrition from business, abiding by clear principles of engagement and doing no harm.

The UK can help to build domestic fiscal space through support to strengthen domestic financial systems and programmatic delivery for nutrition, and to develop and implement country plans for nutrition. The UK should support countries to develop a comprehensive approach to tackle all areas of malnutrition and promote healthy and climate-smart diets. UK investments can yield higher returns and impact through leveraging and incentivising domestic resources, alongside providing technical assistance such as through dedicated country-based nutrition advisors, and continued support to the Scaling Up Nutrition (SUN) movement, which brings together donors, governments, businesses and civil society to work cohesively to end all forms of malnutrition.

The UK has acquired key knowledge and leadership within nutrition, which it is in a strong position to share through structured assistance to country ownership. Within this space, the role of national civil society is imperative to success. As key agents of change in high

burden countries, the UK can strengthen and support the development and space for strong civil society engagement in multi-sectoral platforms for nutrition at the country level, and use its influence as a major donor to ensure that they are front and centre of any national level plans and delivery.

Key Recommendations

- The UK should consider supporting the establishment of a centrally managed matched fund to leverage domestic resources for nutrition and to co-finance countries' national nutrition plans, thus encouraging countries with high burdens of malnutrition to pledge at N4G and ensure sustainable non-donor dependent financing for nutrition in the long term.
- The UK must provide the necessary technical assistance to ensure national and sub-national plans are supported from development to delivery, including through dedicated country-based nutrition advisors and support to the SUN movement.
- The UK must continue to prioritise funding for civil society organisations involved in nutrition and health advocacy at national and local level, to ensure they can play an active role in galvanising political will and accountability for improved leadership and sustainable financing for nutrition.



Display of nutritious produce by farmers in Mashonaland Central, Zimbabwe as part of DFID/ FAO Livelihood and Food Security Programme. Photo: World Vision 2016

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The International Coalition for Advocacy on Nutrition (ICAN) was established in 2013 following the first Nutrition for Growth (N4G) Summit. It includes a broad array of international NGOs, advocacy organisations and foundations united around the shared goal to save and improve lives through better nutrition. Through ICAN, member organisations collaborate on advocacy efforts focused on securing political and financial commitments to end malnutrition in all its forms everywhere. The UK working group of ICAN (ICAN UK) focuses specifically on improving the UK's role in addressing global malnutrition.