

WEBINAR SUMMARY REPORT



Building resilient health systems in fragile contexts to prevent and treat malnutrition: Lessons learned and the case for multi-year funding

Expert speakers: Amina Abdulla (Concern), Barbara Dequinze (ECHO), Helena Guarin Corredor (INTPA), Mado Diakité (Haut-Commissariat à l'Initiative 3N, Government of Niger), and Patrick McManus (Irish Aid)

Moderator: Kate Golden, Nutrition Advisor, Concern Worldwide

This webinar was convened by Concern Worldwide as an accredited side-event of the 2021 Nutrition for Growth Summit. It explored how health systems can be effectively strengthened to prevent and treat malnutrition with 'Quality Funding' (that is multi-annual, flexible and predictable funding). Presentations were made by speakers from DGs INTPA and ECHO, Concern Worldwide, the Government of Niger, and Irish Aid. The webinar addressed two of the key 2021 Summit themes: *Health* – Making nutrition integral to Universal Health Coverage (UHC); and *Resilience* – Addressing malnutrition effectively in fragile and conflict-affected contexts. Concern Worldwide hopes that the N4G commitments made in December 2021 will support change in those areas identified in the webinar. View the webinar recording [here](#).

KEY MESSAGES

- The global prevalence of undernutrition is increasing. An estimated 145 million children under-five are stunted and 45 million are wasted. In 2022, over 9.3 million children are at risk of severe acute malnutrition.
- The complex nature of prevention and treatment of malnutrition calls for integrated and multi-sectoral approaches and predictable resource forecasting and allocation.
- Health systems are key in preventing and treating child wasting and illnesses that contribute heavily to malnutrition.
- Health systems in fragile contexts must be robust and agile to anticipate and prepare for shocks and deliver timely, targeted support.
- Government ownership is crucial, as the experiences of Niger and Burkina Faso demonstrate.
- Strengthening fragile health systems in fragile contexts to deal with malnutrition requires a multi-annual approach and multi-annual funding. Donors and governments must draw on good practice examples and available evidence showing that long-term planning and multi-annual funding results in stronger health systems and better prevention and treatment of malnutrition.
- Many thanks to the speakers (see above) for their presentations during the webinar.

Photo: Aminata Abdoulaye and her son Hassane who live in the Lacouroussou District, Niger.

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Overview of key issues

[View moderator's introduction](#)



Kate Golden

Why is health system strengthening needed to prevent and treat malnutrition at scale in fragile contexts?

Preventing and treating child wasting and the illnesses that contribute heavily to malnutrition must be done via health systems. Nutrition services are not always integrated into the health services. In countries with a high burden of malnutrition, better integration of nutrition services into health systems is the only way to sustainably reach scale. The national health system is the backbone of health service delivery and creating parallel systems is inefficient and unsustainable.

What is a shock-responsive health system and why is it important?

Coordinated and sustained efforts are needed to strengthen the basic building blocks of overstretched health systems in fragile contexts. Health systems need built-in strategies to cope with the many shocks regularly faced. This requires supporting health teams at facility, district and national level to better anticipate and prepare for shocks and putting mechanisms in place to trigger delivery of flexible and tailored support when needed, so that essential health services can continue during shocks. The CMAM-Surge approach helps health systems better anticipate, prepare for and respond to seasonal peaks or 'surges' in child wasting. Approaches like this are important for more fragile health systems.

Why do we need to re-think the funding models used to support this work?

Stop-start funding cycles are inefficient and often come too late to prevent the loss of life associated with spikes in wasting or disease. This is recognised in the commitments made by stakeholders under the 2016 Grand Bargain and renewed in Grand Bargain 2.0 in 2021. Specifically, signatories agreed to work towards enhanced quality funding (increasing collaborative humanitarian multi-year planning and funding and reducing the earmarking of donor contributions). Multi-annual, flexible and predictable funding is needed for health system strengthening.

EUROPEAN COMMISSION PERSPECTIVE

The European Commission's approach to tackling malnutrition – INTPA and ECHO

[View ECHO \(Barbara Dequinze\) presentation](#)



Barbara Dequinze

[View INTPA \(Helena Guarin\) corridor presentation](#)



Helena Guarin

The EU Action Plan on Nutrition

The EU has two commitments on nutrition: 1) support partner countries to reduce the number of stunted children by at least 7 million by 2025 and; 2) allocate €3.5 billion from 2014–2020 to improve nutrition in developing countries, which was achieved by 2019. The EU Action Plan has three strategic priorities: 1) enhance mobilisation and political commitment for nutrition; 2) scale-up actions at country level and; 3) strengthen knowledge. The EU's development cooperation investment is concentrated in 42 countries with a high burden of stunting and where the governments prioritised investments in nutrition in the cooperation programmes with the EU. 2021 marks a critical juncture between two programme cycles: 2014–2020 and 2021–2027, and the 6th Annual Progress Report discusses the EU Commission's future role in nutrition. Nutrition could feature in 55 Multi-annual Indicative Programmes and under the Green Deal priority and sectors such as health.

Total nutrition commitments (2014–2020) amount to EUR 4.3 billion (of which EUR 1.5 billion was from humanitarian assistance). The EU will continue to provide nutrition-relevant humanitarian assistance in the period 2021–2024. Among the countries prioritising nutrition in their programming frameworks with the EU, the

CASE STUDY

EU Sectoral Health Budget Support Programme in Burkina Faso (PAPSII) 2016–2020

Implemented by the Government of Burkina Faso.

Budget: EUR 84 million (of which EUR 14 Technical Assistance and EUR 70 million budget support).

Objectives: Strengthen the national health system, with a focus on the integration of nutrition-related actions. Build on several years of EU humanitarian assistance including treatment of severe acute malnutrition. Support national efforts to strengthen public systems for the achievement of Universal Health Coverage, including nutrition services.

Main achievements:

- The creation of a national budget line for the purchase of therapeutic food. The number of children

affected by severe stunting and supported by the government's therapeutic food budget line increased from 0 in 2016 to 110,000 in 2019.

- Increasing integration of severe acute malnutrition care into the health system
- Ensuring annual nutrition data is used to reinforce government commitment and accountability.

This budget support modality also responded to the call for multi-annual funding. It contributed to building the social contract between families and the health system. The political commitment from the Burkinabe government is crucial to ensure that the most vulnerable are not left behind.

proportion of children suffering from stunting has fallen by an average of 6.2 percentage points, with additional progress made in terms of child wasting, low birth weight and exclusive breastfeeding. **The Commission has found that what works best for improved nutrition is a sustained, multi-sectoral, gender-transformative and rights-based approach. This holds true also for conflict-affected countries.** This multi-sectoral approach will continue to be a key focus of the next EU programming cycle.

Key features of the EU approach to supporting Universal Health Coverage

Partner countries' ownership of their own health systems is crucial. National institutions hold the leading role in designing and implementing reforms aimed at UHC. Partner countries health financing policies are critical for achieving UHC. The EU takes a holistic approach to Health Systems Strengthening involving all six building blocks: health service delivery, workforce, information systems, essential medicines, financing and leadership and governance.

The EU's triple nexus approach to tackling malnutrition

Undernutrition is a consequence of structural issues that can be exacerbated by humanitarian crises, and the nexus approach is important to tackle the underlying causes in the long term. Cooperation between EU Commission DGs INTPA and ECHO to prepare Multi-annual Indicative Programmes and Annual Action Plans is ongoing, and Member States engage through the Joint Programming process. The triple nexus has become a critical component of INTPA partnerships, and will be central to the next programming cycle. Conflict and

hunger cannot be tackled separately. Implementation of the triple nexus approach is still in its early stages. Beyond INTPA and ECHO joint work on nutrition, the Commission encourages partners to engage in advocacy and mobilisation actions to seek new funding sources including domestic funding, development donors, and funding from foundations and the private sector.

ECHO nutrition policy and funding

The objective of ECHO's nutrition policy is to avoid or reduce excess morbidity and mortality due to malnutrition in humanitarian situations and to address immediate and underlying causes of malnutrition. The focus is on treating the most vulnerable populations and individuals: children under 5 years of age and their mothers suffering from severe and moderate acute malnutrition. ECHO recognises that **undernutrition has long term consequences on human development capital and should be the key focus of ECHO's longer term approach.**

ECHO's humanitarian funding to key food security crises has increased by 20% on average and by 75% for a number of priority crises. On top of that, EUR 250 million has been mobilised from the Emergency Aid Reserves. An important share of that is food assistance, which contributes significantly to undernutrition prevention. The complex nature of malnutrition calls for integrated and **multi-sectoral** approaches and **more predictability of resources forecasting.** ECHO's programming data show that 89% of ECHO's nutrition expenditure goes to multi-sectoral projects: 29% of all food interventions, 24% of interventions in health and 19% of all WASH projects have nutrition objectives. ECHO takes a needs and rights-based approach in order to answer the most pressing needs on a yearly basis.

NGO PERSPECTIVE

[View Concern Worldwide \(Amina Abdulla\) presentation](#)



Amina Abdulla

Multi-annual programming in fragile contexts: Concern's Enhanced Responses to Nutrition Emergencies (ERNE) Programme (2020–2023)

ERNE aims to contribute to reducing malnutrition morbidity and mortality among children under 5 in five fragile countries – DRC, Ethiopia, Niger, South Sudan and Sudan. ERNE is funded by ECHO under a Pilot Programmatic Partnership (Budget: €32m). ERNE has a multi-sectoral, nexus approach and combines lifesaving primary health and nutrition treatment with cash transfers, CMAM Surge/Early warning systems and resilience building, to benefit 700,000 people.

Health systems strengthening within ERNE

ERNE delivers health and nutrition services through long-term partnerships with Ministries of Health where feasible. In-depth Capacity Assessments have been carried out in 185 health facilities across the five countries. These assessments were designed in accordance with WHO's health systems building blocks framework. The objective was to: 1) Identify and prioritise health facilities that are most in need of support to deliver effective health services and; 2) Identify specific areas of weaknesses in health service delivery and develop support plans for facilities. Such a deep-dive analysis and ongoing monitoring process would not be feasible in fragile contexts under a one-year time-frame.

Early Warning Early Action

In slow-onset emergencies, ERNE provides a safety-net type response to support basic needs through transfers of small amounts of cash, vouchers or in-kind assistance, to deter negative coping strategies. Scale-up may be required if the emergency extends. The activation of cash transfers is based on Early Warning Systems, and the programme works with communities to monitor key indicators and anticipate shocks. So far, 54,684 people have received lifesaving cash transfers through ERNE.

Behaviour Change

ERNE builds resilience through behaviour change specifically around Maternal, Infant and Young Child Feeding. Mother-to-mother and father-to-father support groups are proving to be effective vehicles for change. The groups are linked with government systems to promote sustainability. The focus is not only on nutritional messaging, but also on health, WASH and gender equality. Systems like these, developed at the community level, are the most effective in fragile, conflict-affected countries.

CMAM SURGE

This process focuses on understanding the capacity of health facilities and historical trends in caseloads and identifying simple actions which can be triggered when malnutrition caseloads increase. It builds local capacity to respond to periodic increases in caseloads to ensure that the quality of care is maintained. In the 'alert' phase the focus is on internal reorganisation (e.g. temporarily suspending annual leave days for health staff), while in the 'serious' and 'emergency' phases identifying support from district health teams or other partners are also considered – for when the situation goes beyond the capacity of the health facility and local community.

Seventeen months into ERNE, 195,000 children have been screened for malnutrition and 34,729 children have been successfully treated. CMAM is supported in 212 health facilities, and CMAM Surge has been initiated in 309 health facilities.

Key Learnings from ERNE

Such an ambitious programme to strengthen health systems to deal with malnutrition in such fragile contexts requires a longer time-frame for implementation than a one-year, emergency programme would allow, and requires multi-annual and flexible funding to be successful.

GOVERNMENT PERSPECTIVE

[View Niger Government \(Mado Diakité, Haut-Commissariat à l’Initiative 3N\) presentation](#)



Mado Diakité

Niger – Lessons learned, successes and challenges

The integration of Nutrition to the Health System

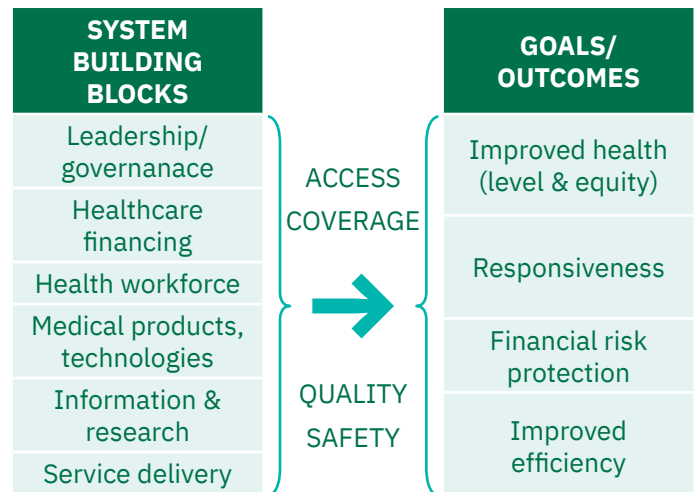
Severe acute malnutrition is a permanent, structural challenge in Niger with over 400,000 children a year affected and a ‘normal’ annual peak in cases during the lean season of July-September. Rapid population growth drastically increases need. Since 2005, huge progress has been made to integrate wasting treatment and prevention into the health system. Wasting treatment is now part of the minimum package within health facilities, and part of the Health Development Programme (PDS). There are increasing health prevention activities – including community based – such as Antenatal care, Vitamin A supplementation, and child feeding practices.

Since 2012– via the AGIR initiative and strategic coordination with DEVCO – ECHO has tried to find ways to transfer some costs for the management of malnutrition from humanitarian to development instruments. This created the space for progressive exit strategies including of ECHO partners, paving the way for a transfer to national services and enabling the Health Centres to progressively take over a number of capacities and costs. These efforts have contributed to a reduction of mortality from SAM in under fives. However, there is still some way to go in Niger until full and complete national management and treatment of SAM, including ready to use therapeutic food (RUTF) procurement and transport to all the health centres in Niger. RUTF is not fully integrated into the list of pharmaceutical products managed by the National Office for Pharmaceutical Products. Further challenges include that admission levels are related to the presence of operational nutrition partners in certain areas, and that training in nutrition is still quite weak in the health schools curricula.

Strengthening nutrition services by strengthening the health system in Niger

Nutrition is still often considered as a separate health service. Parallel systems and funding mechanisms still exist, and these should be avoided. Nutrition services must be integrated into the health system in Niger, which is one of the most fragile in the world. The government

recognises this process as a catalyst and opportunity for broader health system strengthening. Only 50% of the population has access to health services. Increasing coverage means increasing costs to maintain the functionality of the health service, which is a key challenge in Niger.



1. World Health Organisation 2013. *Universal eye health: a global action plan 2014–2019*

A nexus approach to nutrition services in a fragile context

Peaks in Niger are not only seasonal, but also linked to population movements, for example. Health service delivery is negatively affected by insecurity, leaving government providers and humanitarian actors unable to access areas to provide services. Given these fragilities, a nexus approach is necessary.

Interesting nexus experiences in Niger include:

- Nutrition interventions integrated into national response plans.
- Integrating surge capacities: CMAM/Health Surge: services + advocacy towards scale up but major challenges remaining (costs of additional staff, supply of RUTF, among others).
- Supporting delivery in fragile areas using the Rapid Response Mechanism: mobile clinics and support to health services where IDPs/refugees are hosted.

These experiences should inform longer term mechanisms and modalities (exit strategies, capacity building and transfer of expertise).

All actors in Niger should continue to use a systemic approach and support global tools and processes, which include:

- Integrating RUTF into medicine and drugs procurement and transport system
- Advocating for RUTF to be tax-free
- Contributing to effective free health care and Universal Health Coverage
- Monitor seasonal pressures on health services using approaches such as CMAM Surge.

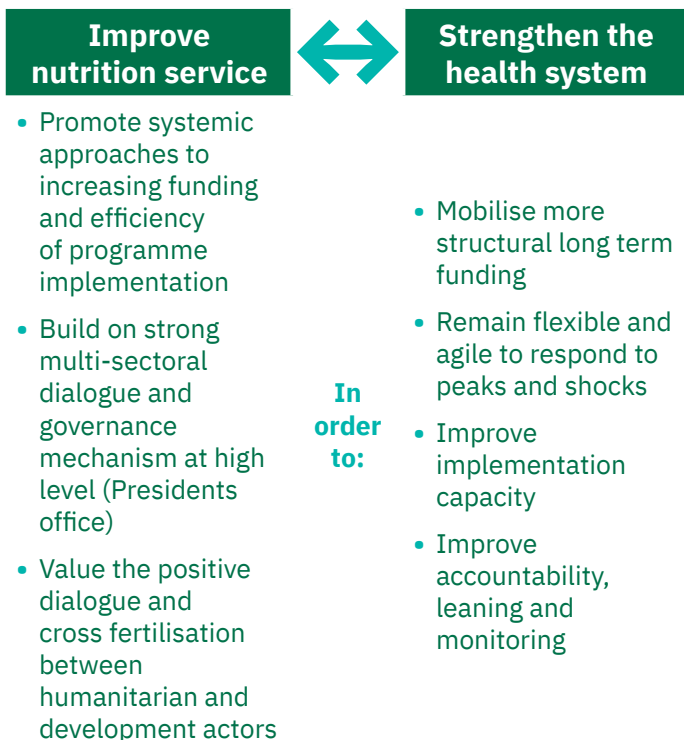
- Take this a step further and monitor seasonal pressures on health and community services as a whole (malaria, respiratory illnesses, etc.), beyond malnutrition (Health Surge approach).

Integrated multi-sectoral approaches in Niger

Niger is accelerating efforts to prevent malnutrition through integrated multi-sectoral approaches, with governance and coordination through high-level technical and strategic mechanisms – the Commission for 3 N (Nigeriens Nourishing Nigeriens). However, there are still challenges: weak integration of nutrition in sectoral policies and programmes; lack of nutrition sensitive intervention indicators and; lack of visibility of nutrition in Ministries budget programming.

Humanitarian financing is decreasing. The high cost of RUTF – which represents 70% of SAM treatment costs – is a big concern. There have been some advances in terms of transitioning towards more sustainable financing models: The Feuille de Route (Road Map) for the transition of SAM treatment costs towards the MoH budget is an important step. To ensure sustainable and systemic approaches, nutrition must be funded through sectoral mechanisms such as the Health Donor pool fund, and budget support. Mobilising development donors is a challenge but there is a good level of dialogue between humanitarian and development actors. The new Action Plan will be better integrated into sectoral budgets.

Key lessons learned from Niger



DONOR POLICY PERSPECTIVE

[View Irish Aid \(Patrick McManus\) presentation](#)



Patrick McManus

Nutrition from a Policy Perspective – Irish Aid

Reducing humanitarian needs requires anticipating, preventing and responding to crises. Prevention is often overlooked in emergencies to the detriment of longer term improvements in nutrition across the generations. Ireland is committed to maternal nutrition which is frequently under resourced in humanitarian settings. Ireland is also committed to education, health and social protection in emergency settings as basic elements of a functioning system which also provide opportunities to advance nutrition outcomes. Nutrition gains can be maximised by ensuring that efforts towards each of these elements as well as to the whole system are nutrition sensitive. There are promising examples from nutrition-sensitive, multi-sectoral responses in protracted crises that are becoming more evident in practice and in the research literature. All 17 of the SDGs rely to some degree on more equitable food systems. In conjunction with food systems, global health and social protection systems are critical vehicles for combatting malnutrition. However, these systems generally operate in silos and all have been weakened by the impact of Covid 19. Coordinated work across these systems is essential in order to prioritise and scale-up high impact nutrition interventions.

The Wasting Reset – Key messages on Financing

- We need increased political and financial commitments to achieve Zero Hunger.
- More accurate and comprehensive financial estimates are required for wasting prevention.
- Financing mechanisms and flows need to be made more sustainable and effective – they should row in behind government budgets and be audited by government systems. Pooled funding systems in support of government budgets are Ireland’s preferred modality.
- We need to determine the means of measurement and accountability

SUMMARY OF RELEVANT COMMITMENTS MADE AT THE 2021 NUTRITION FOR GROWTH (N4G) SUMMIT, TOKYO, 7–8 DECEMBER*

European Commission

- Between 2021 and 2024, the EU will commit at least EUR 2.5 billion for international cooperation (development and humanitarian aid) with a nutrition objective. *Thematic area(s): Health; Food; Resilience; Data; Financing*

Concern Worldwide (Ireland)

- By 2025, Concern will have three years of documenting and sharing its contribution to “policy and practice change” in support of more sustainable food systems, with a specific emphasis on strengthening partnerships by working with and through national and international level SUN and GAP structures towards better nutrition outcomes.

The Nutrition Year of Action has delivered commitments, both at the UN Food Systems Summit and at the Nutrition for Growth Summit. The promises of 2021 must inform the practices of 2022 and beyond, and the commitments need to lead to meaningful change for the people with whom Concern works. Concern will play its role in making this a reality, bringing good practice and evidence – including evidence of where systems and partnerships are failing to deliver to target communities – consistently to those who shape country policies and practices. Concern will seek innovative solutions to longer-term, complex challenges related to conflict, hunger and the climate crisis through focused thought leadership anchored in action-research. We will use our experience and learning to inform and work through the SUN and GAP structures at national and international level for replication of good practices. *Thematic area(s): Health; Food; Resilience*

- By 2025, Concern will help 5 million extremely poor people across 20 countries to achieve sustainable livelihoods and improved food and nutrition security. Concern will support the development of nutrition-focused and equitable food systems working on food value chains from input supply, the production of diverse foods and food products to facilitating the access and consumption by those who are living in extreme poverty. To achieve this Concern will: (1) Support farmers to adopt climate smart agriculture, increasing extremely poor farmers’ and pastoralists’ resilience to climate change and improve food and nutrition security. Participatory farmer-led approaches are used in order to prioritize contextualized and indigenous agricultural knowledge and practices. Home gardens coupled with the rearing of small livestock and poultry will be used as a key tool to strengthen the capacity of poor families to produce and consume more diverse and nutritious foods

year-round. Access to inputs will be through a market-based approach, and high-quality technical trainings will be provided to support improved outcomes. (2) Support market system development and income generation, alongside sustainable and equitable nutrition sensitive value chains and through these, strengthen food systems for all, thus supporting the most vulnerable people to meet their health and nutrition needs. Through the diversification of livelihoods and linking them to saving and loan schemes, households will become more resilient to hazards contributing to improved food and nutrition security throughout the year. (3) Work with households living in extreme poverty to increase their consumption of more nutritious and diverse foods by strengthening the capacity of agriculture extension agents, lead farmers, social workers and participants of community groups such as Farmer Field Schools, saving and loan groups and mother support groups. *Thematic area(s): Food; Resilience*

- Between 2021 to 2025 Concern commits 96 million Euros in order to reach 250,000 children in 10 countries by supporting governments and other key stakeholders to strengthen the resilience of health systems so they can deliver nutrition services at scale and continue to do so during and after shocks, including further development and expansion of the CMAM Surge approach.

Concern will support selected governments in the implementation of the Global Action Plans on Child Wasting (GAP) country frameworks focusing on strengthening practical integration and delivery of services for wasting into health systems in fragile and conflicted affected countries, to deliver effective, integrated nutrition services at scale. Working with partners, Concern will contribute technical, financial and logistical support to government counterparts to better analyse and address bottlenecks in the integrated delivery of nutrition services. This will include training/ capacity strengthening, support to supply chains for key nutrition commodities, promotion of supportive supervision at health facility level; and engagement and capacity building at community level for early identification and referral of children with acute malnutrition (e.g. Family MUAC). Concern also commits to generating and sharing practical learning on nutrition service delivery in different contexts and at all levels of the health system. The CMAM Surge approach is designed to build capacity within the health system to better anticipate, prepare for, and respond to seasonal peaks in wasting. Concern will continue to coordinate and lead both the West African CMAM Surge Taskforce and the Global CMAM Surge Technical Working Group. These groups coordinate CMAM Surge activities, maximizing quality, effectiveness and learning by: (1) pursuing a CMAM Surge learning agenda on key issues emerging from practitioners; (2) identifying and promoting positive adaptations and best practice on CMAM Surge and (3) identifying opportunities

for continued scale-up of the approach. Taskforce members include CMAM Surge practitioners from NGOs, UN, donors, implementing governments, and other relevant actors. *Thematic area(s): Health*

Niger, Haut Commissariat à l'Initiative 3N, Cabinet du Président de la République du Niger :

- The Government of Niger undertakes to finance 15% of the Action Plan of the National Nutritional Security Policy 2017–2025, i.e. 15% of the total estimated cost of 264 000 000 000 FCFA. *Thematic area(s): Health; Resilience; Data; Financing*

Ireland's commitments, Department of Foreign Affairs and Trade:

- Ireland pledges €800 million over 5 years for nutrition programmes and interventions. Equating to €160 million per year, this will include funding to multilateral organisations, country-based NGOs, recipient Governments and International NGOs. *Thematic area(s): Financing Food Systems*
- Ireland is committed to championing a sustainable food systems approach. This approach recognises the interconnections between agriculture, climate, environment, health, livelihoods and nutrition, which can deliver access to sufficient, affordable, nutritious food. Ireland commits to providing technical and financial assistance to partner countries, in partnership with the UN system, for the implementation of sustainable food systems pathways. We will do so by offering appropriate and realistic expertise and advice, as well as tools (from

a range of partners) to bring about transformational systems change. Ireland has developed its Food Strategy (Food Vision 2030) using a food systems and partnership approach. Ireland recognises many countries will need to draw on a partnership approach as they pursue planning using a food systems approach. Each country embarking on its 'food systems' journey must take account of its history, natural resources, human and social capital, and the current level of development of its agri-food sector. A food systems strategy must take account of these national realities: there is no single blueprint or 'one size fits all'. The Irish experience of developing inclusive multi stakeholder collaboration for sustainable food systems strategy development including the development of 'Food Vision 2030' produced some important lessons and Ireland commits to sharing this experience broadly and to working with partner countries as they develop their own strategies. *Thematic area(s): Food*

- Ireland pledges support for innovative programming approaches for the prevention and treatment of wasting with a particular focus on tackling wasting for 0–6 months children. Zero hunger is the ultimate test of an effective sustainable food system. Wasting is the most visible form of malnutrition and carries the highest risk of death. Some 45 million children under the age of five currently suffer from wasting. This commitment positions Ireland to take a leadership role on the issue of wasting globally, backed up by programming targeted at small and nutritionally at-risk infants and children. *Thematic area(s): Health; Food*

*Source: [Tokyo Compact on Global Nutrition for Growth Annex: Commitments 14 December 2021](#)

Disclaimer: Funded by the European Union. Views and opinions expressed are however those of the speakers and do not necessarily reflect those of the EU or the EU's Civil Protection and Humanitarian Aid Operations department (ECHO). Neither the EU nor ECHO can be held responsible for them. This webinar summary is published as part of Concern's Enhanced Responses to Nutrition Emergencies programme, funded under a Pilot Programmatic Partnership between Concern and ECHO.

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