

NUTRITION FUNDING: THE MISSING PIECE OF THE PUZZLE



OVERVIEW

In recent years, governments have begun to take seriously the issue of undernutrition and have made a series of commitments at the global as well as the national level in this area.¹ But levels of aid and domestic financing of nutrition interventions still lag behind this political ambition. Though it now seems unlikely to be a pledging moment, this August's Nutrition for Growth meeting in Rio de Janeiro, Brazil, will be an opportunity to take stock of the extent to which the promises made at the London summit in 2013 have been kept and for countries to start to plan new funding commitments for the 2016 - 20 period.

In this briefing paper, Generation Nutrition shows how global progress towards the World Health Assembly targets on stunting and acute malnutrition in under-fives needs to be accelerated. We then examine the current funding gaps for nutrition and propose remedies – both at the international and country level.

GENERATION NUTRITION



IS A GLOBAL CIVIL SOCIETY CAMPAIGN CALLING ON GOVERNMENTS TO ACT TO END CHILD DEATHS FROM UNDERNUTRITION. THE CAMPAIGN WAS LAUNCHED IN 2014 AND IS CURRENTLY ACTIVE IN 12 COUNTRIES AND AT THE EUROPEAN UNION LEVEL. 85 CIVIL SOCIETY ORGANISATIONS PARTICIPATE IN THE COALITION. SEE WWW.GENERATION-NUTRITION.ORG FOR DETAILS.

PETITION-SIGNING EVENT, ACCRA, GHANA
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159m

CHILDREN UNDER FIVE SUFFER FROM STUNTING

1m+

ARE EXPECTED TO DIE FROM ACUTE MALNUTRITION THIS YEAR ALONE

WHY FUNDING MATTERS

We believe there is no room for complacency in the fight against child undernutrition. Despite a significant reduction in the global burden of stunting in recent years, 159 million children under five still suffer from this preventable condition. This equates to roughly one child in three living in low- and middle- income countries. Moreover, global rates of acute malnutrition (or “wasting”) remain stubbornly high: 50 million children are currently affected, and tragically more than one million are expected to die from the condition in this year alone. In addition, millions more children experience severe micronutrient deficiencies, for instance a lack of vitamin A, iron, zinc and iodine. Vitamin A deficiency is the leading cause of preventable blindness in children and significantly increases the risk of illness and death due to infection.ⁱⁱ

Targets are already in place at the global level for tackling stunting and acute malnutrition in under-fives. These are the World Health Assembly (WHA) targets, agreed in 2012 for the period 2012-25, and the new Sustainable Development Goal (SDG) target 2.2, agreed last year for the period 2016-30. However, as Table 1 below shows, the current rate of decline in the two conditions is much too slow for the WHA 2025 targets to be met on time, let alone the more ambitious SDG target. According to our calculation, presented below, **progress in meeting the WHA stunting target is 20 years behind schedule and, for the acute malnutrition target, countries are five years behind schedule.**

TABLE 01 POOR PERFORMANCE ON THE WHA GLOBAL TARGETS ON STUNTING AND ACUTE MALNUTRITION					
World Health Assembly target for 2025 ⁱⁱⁱ	Current situation 2014 figures ^v	The gap	Annual average reductions needed to meet target on time ^v <small>For wasting = reduction in global prevalence</small>	Annual average reductions seen in 2011-14 period ^{vi}	Based on current rate of decline, when will the WHA target be reached? ^{vii}
STUNTING: 40% reduction in number of cases in under-fives = target of 99m cases ^{viii}	159m	60m	5.08m	2m	2044 <small>REPORTED ON IN 2045</small>
WASTING: Reduce and maintain wasting to/at below 5% of under-five population ^{ix}	7.5% <small>50m CASES</small>	NO. OF CASES IS C. 50% <small>TOO HIGH</small>	0.24%	0.17%	2029 <small>REPORTED ON IN 2030</small>

Source: Generation Nutrition's own calculations based on WHO, UNICEF & World Bank Joint Estimates for 2011-14 period and WHA targets. Cf: <http://www.who.int/nutgrowthdb/estimates/en/>

We do not claim that financial resources alone will be enough for these targets to be reached. Properly functioning government programmes and services, political leadership, well-trained and adequate numbers of staff, especially in the health sector, coordination among different development actors, oversight by citizens and Parliaments, and broader economic and social development, will all be key factors too. However, without significantly more funding there is little chance of making enough progress to meet these critical 2025 targets.

THE CURRENT STATE OF PLAY

O1: DONORS

Nutrition funding by international donors is increasing but the pace of the increase is still much too slow. The financial commitments made at the Nutrition for Growth Summit in London were important but there are several **issues concerning the quality and scale of these pledges**. What is more, total disbursements since the summit have been lower than the original sums promised. See Box 1, below, for details.

BOX 01 THE LONDON LEGACY

At the 2013 Nutrition for Growth Summit, donors pledged the following sums for the 2013-20 period: \$4.15 billion for nutrition-specific and \$19 billion for nutrition-sensitive interventions.* This was impressive but still not enough if one considers the levels of undernutrition globally. At London, nine out of 19 donors did not pledge at all and several others only committed funds for a relatively short period, typically up to 2016 or 2017.^{xi} Moreover, not all of the funds pledged represented additional money.^{xii}

There have also been challenges in relation to the implementation of the deal. For instance, in the case of the eight donors who supplied data on nutrition-specific and sensitive aid spending in 2013, **only 64% of the aid pledged for that year was actually disbursed.**^{xiii} And funding pledges by six donors have been calculated as

either being 'off track' (Netherlands, US) or 'not clear' (Australia, EU, Germany, World Bank).^{xiv}

As for developing countries, only 11 states made quantifiable financial pledges in London. These were Ethiopia, Guatemala, Liberia, Malawi, Niger, Nigeria, Senegal, Sri Lanka, Tanzania, Zambia and Zimbabwe.^{xv}

Civil society groups are calling for the pledges made at the next high-level nutrition summit to be developed in a way that makes their delivery easier to assess. They should fulfil SMART^{xvi} criteria, for instance it should be possible to measure easily the aid flows and a timeframe for disbursement should be specified. Moreover, the funds should always be additional to existing aid. Countries should provide regular reports on progress, including via the annual Global Nutrition Report.

'NUTRITION-SPECIFIC' AID: These ten interventions - intended to have an immediate impact on a person's nutritional status and usually delivered through the health system - include iron and folic acid supplementation for pregnant women, the promotion of exclusive breastfeeding, vitamin A supplementation for children under five and the treatment of severe acute malnutrition.^{xvii} In 2013, donors allocated \$940 million for these types of intervention. This aid represented around 1% of total official development assistance (ODA).^{xviii}

This is an increase from previous levels.^{xix} However, it still falls well short of what the donor share of the costs might be expected to be. For example, a newly-published study by the World Bank, Results for Development and 1,000 Days estimated that \$2.6 billion of new donor aid would be needed each year for the next ten years to meet the costs of the nutrition-specific interventions covering four of the six WHA targets.^{xx} (See Box 2 for details.) By contrast, the 2015 Global Nutrition Report revealed that **13 donors were spending either less than \$1 million per annum or nothing at all on nutrition-specific programmes.**^{xxi}

BOX 02 MAIN FINDINGS OF THE 'INVESTING IN NUTRITION' REPORT

The study assessed the additional nutrition-specific spending needed to reach the WHA targets on anaemia, breastfeeding and stunting and to treat effectively severe acute malnutrition. Two different scenarios were presented: A 'full scale-up' scenario and a smaller 'priority package', involving proven interventions which could be implemented immediately.

Under the first scenario, the report estimated that \$7 billion of additional funding was needed per annum

over the 2016-26 period (of which \$4 billion from national governments and \$2.6 billion from donors^{xxii}). It was calculated that this could save the lives of 3.7 million children by 2025 and result in 65 million fewer cases of stunting in 2025.

The priority package would entail an additional annual investment of \$2.2 billion over ten years, including \$1.4 billion from Southern countries and \$650 million from donors.

4%

THE PROPORTION OF
AID CURRENTLY BEING
SPENT ON NUTRITION

Source: Global Nutrition Report 2015

‘NUTRITION-SENSITIVE’ AID: Most donor aid for nutrition is in fact channelled via sectoral programmes whose objectives are broader than just improved nutrition. Some of the most important nutrition-sensitive sectors are agriculture, water and sanitation, health,^{xxiii} education and social protection.

It is often difficult to tell how much of this sectoral aid is actually helping to improve nutrition. However, the 2015 Global Nutrition Report attempted this estimation for donor aid disbursed in 2013. It found that – out of all the aid directed to these sectors – just \$4 billion could be clearly shown to be having an impact on nutrition. This represented as little as 3% of total ODA.^{xxiv} We know that OECD member countries allocate 21% of their aid to health, agriculture, water supply and sanitation, and education.^{xxv} This admittedly crude comparison (3% versus 21%) shows that **only a relatively small share of donors’ budgets in supposedly nutrition-sensitive sectors is being targeted squarely at improving nutrition.**^{xxvi}

It now seems unlikely that this summer’s Nutrition for Growth meeting in Rio will be a pledging summit, as had originally been envisaged. If this turns out to be the case, we believe it is extremely important that countries, and especially donor governments, identify quickly a suitable alternative moment when new financial pledges for nutrition can be made. This should be either in the second half of 2016 or early in 2017.

OUR CAMPAIGN CALL:

We are calling for a number of steps to be taken by donors.

- 01 Donors, working together with Southern countries, should identify quickly a date and occasion for a new high-level, pledging summit on nutrition.
- 02 All donors who made a financial pledge in London should ensure they are on track to meet it.
- 03 Donors should agree at the next nutrition summit on a doubling of global aid for nutrition, to be achieved over a five-year period (2016 – 2020) and based on a verifiable baseline figure, for instance 2014 spending.^{xxvii} A significant share of this increase should be for life-saving, nutrition-specific interventions.
- 04 Donors should improve the nutritional impacts of aid going to the main nutrition-sensitive sectors, including agriculture, education, health, water and sanitation, and social protection. This can be done by ensuring that programmes routinely include objectives and intended outcomes for nutrition, but also by targeting support to those groups most affected by undernutrition, including children under five.
- 05 The 13 bilateral donors who currently give no aid or less than \$1 million annually for nutrition-specific interventions must change course and start providing adequate funding in this area.
- 06 Finally, all pledges made at the next nutrition summit should be designed in a way that is SMART and makes their delivery simple to assess; and countries should regularly report on progress, including via the Global Nutrition Report.





O2: DOMESTIC RESOURCES

Measuring the level of domestic resources allocated to nutrition in Southern countries is rendered difficult by the lack of clear reporting systems. For example, in India the federal budget for nutrition-specific programmes is split between two ministries^{xxviii} and information comparing budget allocations with actual expenditures is very hard to come by. This makes tracking nutrition spending extremely challenging. Countries which are members of the Scaling Up Nutrition (SUN) Movement have recently received support to develop 'costed' national nutrition plans. However, as of 2015, only half of the 56 SUN countries had prepared costed plans.^{xxix}

As a first step, therefore, all **'high-burden' countries should ensure that details of national nutrition spending are collected and made public**^{xxx}.

Southern governments are increasingly integrating a range of nutrition-specific interventions into national health services. This is a welcome step. However, it has not always been accompanied by the creation of a specific budget line for nutrition within the national health budget. For instance, Nepal now has services for the treatment of acute malnutrition at a community-level but has yet to make a regular, annual budgetary provision for therapeutic food. And Burkina Faso has added therapeutic food to its list of essential medicines, but has not assigned a budget to ensure it is made available.^{xxxi} **The development of dedicated budget lines for nutrition** within national and provincial health budgets is therefore an area that needs more attention.

Finally, regarding the question of nutrition-sensitive spending, **countries need to simultaneously boost their budgets for the sectors which have the strongest link to nutrition** and ensure that more of this spending is beneficial for nutrition. In Africa and Asia, the proportion of government spending that goes to health, education, agriculture and social protection remains considerably lower than in other parts of the world.^{xxxii}

How much should national budgets for nutrition be boosted by? This will depend of course on the starting point for each country. The Federation of Africa Nutrition Societies recently proposed the development of targets by African governments for spending on nutrition. It recommended that at least 3% of a national budget should be directed to nutrition.^{xxxiii}



TRAINING FARM, MONGOLIA



INNOVATIVE FINANCING MECHANISMS, IF ROLLED OUT PROPERLY, COULD HELP DEVELOPING COUNTRIES REACH THE WHA AND SDG TARGETS ON NUTRITION.

THE POTENTIAL OF INNOVATIVE FINANCING

Even if all OECD countries were to meet the 0.7% target for aid spending, there would still be a significant funding gap, affecting the ability of developing countries to reach the WHA and SDG targets. Innovative financing mechanisms and international funds are a good way of mobilising additional resources for nutrition and will help to fill this gap. The box below provides details of two new initiatives which are raising funds specifically for tackling undernutrition. Countries should also explore the potential of using other funds which have a broader remit but which could still be a source of funding for nutrition. This includes the Global Financing Facility in Support of Every Women, Every Child. This facility was launched in 2015 and is funding programmes on maternal, adolescent and child health.^{xxxiv}

BOX 03 CURRENT EXAMPLES OF INNOVATIVE FINANCING AND INTERNATIONAL FUNDS FOR NUTRITION

Inspired by the success of UNITAID^{xxxv}, **UNITLIFE** is an initiative for combating undernutrition, based on small-scale levies in the extractives sector. Mali was the first country to contribute, with a levy of 10 cent per gram of gold sold. The Democratic Republic of Congo also announced a levy of 10 cent for every barrel of oil sold by the state oil company. The initiative is expected to generate \$115 million a year in its initial phase.^{xxxvi}

Another fund that has been established recently is the **Power of Nutrition**. The Children's Investment Fund Foundation (CIFF), the UBS Optimus Foundation, the UK Department for International Development (DFID), UNICEF and the World Bank have already made allocations to the fund totalling \$200 million.^{xxxvii} The resources are being channelled to countries through a UNICEF matched-funding mechanism and a World Bank trust fund.

There are still question marks about the long-term predictability and 'additionality' of these new initiatives. It also remains to be seen whether their systems of governance will allow for efficient allocations at the country level. At the next nutrition summit, countries should therefore announce measures to strengthen innovative financing mechanisms and international funds for nutrition, including the expansion of UNITLIFE to more countries.

A REMINDER OF WHAT'S AT STAKE

When countries meet this August in Brazil, they will point to the significant progress made in recent years in tackling undernutrition: The Scaling Up Nutrition (SUN) Movement, global reductions in stunting cases, the WHA and SDG targets, increases in nutrition aid, the Second International Conference on Nutrition (ICN2) Framework for Action, and so on. No one will deny this momentum. However, **these gains are fragile – as shown by the limited progress made so far on the WHA targets - and should be seen as merely the first stage in a much longer term effort**. Regarding nutrition funding, the focus of this paper, it is critical that the momentum generated by the 2013 Nutrition for Growth summit is maintained - a new 'moment' for countries to make financial pledges must be identified quickly.

If we are to translate the stated ambitions of countries on this issue into real changes in poor people's lives, then funding needs to be scaled up – and dramatically. Only this will ensure that the political goodwill and effort seen to date on nutrition do not go to waste.



RECOMMENDATIONS

The Generation Nutrition campaign has developed the following priority recommendations for states and other donors who are part of the Nutrition for Growth initiative and for countries in which the campaign is active. They relate to measures which, if implemented, would help either to increase nutrition funding or to improve the impact of existing programmes. **We are calling on countries/donors to undertake these steps within the next 12 months.** We will remain engaged throughout this period, checking carefully on the extent of progress.

A. FOR ALL INTERNATIONAL DONORS

- ♦ To identify quickly a date and occasion for a new high-level, pledging summit on nutrition, working together with Southern countries.
- ♦ To ensure that the promises made at Nutrition for Growth 1 are fulfilled, by keeping spending up to 2020 'on track'.
- ♦ To now go further and commit to a doubling of global aid for nutrition, to be achieved by 2020 and based on a verifiable baseline figure, for instance 2014 spending. A significant share of the increase should be for life-saving, nutrition-specific interventions.
- ♦ To improve the nutritional impacts of aid channelled to agriculture, education, health, water and sanitation, and social protection. This can be done by ensuring that programmes include objectives on and intended outcomes for nutrition and that aid is targeted towards those most at risk of undernutrition.

B. FOR SOUTHERN COUNTRIES:

- ♦ To support the inclusion of dedicated budget lines for nutrition within national health budgets.
- ♦ To raise the level of government expenditure in key nutrition-sensitive sectors, such as health, education, agriculture, water and sanitation, and social protection, and continue developing systems that can guarantee a minimum level of investment in nutrition (3% of national budgets)^{xxxviii}.

C. FOR ALL STAKEHOLDERS:

- ♦ To announce measures to strengthen international innovative financing mechanisms and funds for nutrition, including UNITLIFE, the Power of Nutrition and the Global Financing Facility in Support of Every Woman, Every Child.
- ♦ To ensure that any new financial pledges are developed in a way that is SMART and makes their delivery easy to assess. For instance, all the money committed should represent additional spending.

D. SPECIFIC RECOMMENDATIONS FOR GOVERNMENTS IN GENERATION NUTRITION CAMPAIGN COUNTRIES with steps to be undertaken in the next 12 months:

CZECH REPUBLIC

For the Czech Development Agency (CZDA) and Czech implementing agencies to:

01. Include addressing acute and chronic malnutrition in their long-term priorities, especially for the agricultural sector.
02. Increase the number and total financial volume of projects which reduce undernutrition and its underlying causes and measure their outcomes, for instance by using core nutrition indicators.

EUROPEAN UNION^{xxxix}

For the European Union to:

01. Pledge an additional €1 billion for nutrition-specific interventions for the period 2016-2020 to help countries to meet the WHA and SDG nutrition targets.
02. Develop a specific target to tackle wasting in under-fives in development contexts, as previously done with stunting.
03. Work with other donors to improve the current tracking of nutrition spending by refining the OECD Development Assistance Committee's (DAC) basic nutrition code and developing a DAC marker for nutrition-sensitive interventions.

FRANCE

01. For the Government to give €500 million in 2016-2020 period for fight against undernutrition, including €200 million for

nutrition-specific interventions.

SPAIN

01. For the new 2017-20 Strategy of the Spanish Cooperation Agency to recognize the fight against undernutrition as a priority, committing substantial, multi-annual funding for nutrition projects; and for the Agency to strengthen its policies on the prevention of acute and chronic malnutrition, including their integration into relevant sectors.
02. For the Spanish Government to improve its accountability in this area, including through the publishing of budgetary allocations to nutrition-related aid programmes.
03. For Spain to support international efforts to combat undernutrition by joining the Nutrition for Growth process.

UNITED KINGDOM^{XL}

For the UK Government to:

01. Commit £530m in new investments for nutrition over the 2016-2020 period, with £375m for nutrition-specific interventions and £155m for nutrition-sensitive programmes.
02. Produce a SMART policy framework, focused on (amongst other things) integrating nutrition into reproductive, maternal, newborn and child health; ensuring stronger nutritional impacts in health, agriculture and WASH programmes; and adopting approaches which target the most vulnerable and 'hardest to reach'.
03. Lead a discussion on a review of the OECD DAC basic nutrition code and the development of a new code for nutrition-sensitive investments.

UNITED STATES

For the United States Government to:

01. Increase funding to at least \$230 million for nutrition in global health programmes for fiscal year 2017 through the Congressional appropriations process, with as much as possible going to efforts to combat child undernutrition. Also maintain funding for nutrition in other sectors.
02. Strengthen systems for measuring the impact of its nutrition-sensitive investments on nutritional outcomes, especially in the areas of water and sanitation, women's empowerment, and education, and lead in the development of a global research agenda in this field.

BURKINA FASO

01. For the Government to agree a dedicated budget line for nutrition within the national health budget.

INDIA

01. For the Indian Government to fully fund the National Nutrition Mission and to improve coordination amongst relevant ministries for policies aimed at tackling child undernutrition.
02. For the State Government of Rajasthan to include CMAM in its primary healthcare package and to agree a dedicated budget line for it within the state health budget.

KENYA

For the Government of Kenya to:

01. Increase its budget for Reproductive, Maternal, Newborn and Child Health programmes by 3% by 2017.
02. Include nutritional outcomes for under-fives as a core indicator in its programmes on agriculture, food security and social protection.

NEPAL

01. For the Government to increase its budgetary support for the integrated management of acute malnutrition.

THE PHILIPPINES

For the Government of the Philippines to:

01. Include the integrated management of acute malnutrition in its basic health package and agree a dedicated budget line for it within the national health budget.
02. Add nutrition outcomes for under-fives as a core indicator in its programmes on water, sanitation and hygiene.

REFERENCES

- i Examples of recent international political commitments are: The Scaling Up Nutrition (SUN) Movement (2010), the World Health Assembly targets (2012), the Nutrition for Growth Compact (2013), the ICN2 Framework for Action (2014), the Elmau G7 commitment on hunger and nutrition (2015), Goal 2 of the SDGs (2015) and the UN Decade of Action on Nutrition (2016).
- ii Source for the global burden of stunting and acute malnutrition: Joint Child Malnutrition Estimates, WHO, UNICEF, World Bank, 2015, accessed at http://www.who.int/nutgrowthdb/jme_brochure2015.pdf?ua=1. Estimated annual deaths due to severe acute malnutrition: p.2, "Community-based management of severe acute malnutrition," Joint Statement by WHO, WFP, SCN, UNICEF, 2007. Vitamin A statistics: WHO, accessed at <http://www.who.int/nutrition/topics/vad/en/>
- iii For details of the targets, cf. http://www.who.int/nutrition/publications/CIP_document/en/
- iv http://www.who.int/nutgrowthdb/jme_brochure2015.pdf?ua=1
- v Calculations here are for the 2011-24 period. It is assumed that 2024 figures will be used to measure whether the 2025 target has been met, since the former will be available by late 2025. So, the total timespan is 13 years (2011-2024). For stunting the average annual reduction needed = 66m (total reduction) / 13 = 5.08m. For wasting, a reduction from 8.0% to 4.9% will be needed to reach the target, i.e. 3.1%. The average annual reduction is therefore 3.1 / 13 = 0.24 or 0.24%.
- vi Stunting burden in 2011: 165m; and in 2014: 159m. Average annual decline over three years = 2m. Wasting prevalence in 2011: 8%; and in 2014: 7.5%. Average annual decline over three years = 0.17%.
- vii Stunting calculation: 66m / 2m = 33 years from 2011: 2044. Wasting: 3.1 / 0.17 = 18.2 years from 2011: 2029.
- viii There appear to be different interpretations of what the baseline year for the stunting target should be (2010, 2011 or even 2012 depending on the source). We have chosen 2011 as the baseline. 2011 data for stunting was published in September 2012, the same year as the WHA targets were agreed. A 40% reduction of 165 m = 99 m.
- ix Baseline = 8% (2011).
- x Executive Summary of Nutrition for Growth Commitments, accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207274/nutrition-for-growth-commitments.pdf
- xi Global Nutrition Report 2015, Nutrition for Growth tracking tables, accessed at: <http://ebrary.ifpri.org/utills/getfile/collection/p15738coll2/id/129609/filename/129820.pdf>
- xii This was the case for Germany.
- xiii France, Germany, Netherlands, Switzerland, US, UK, Gates Foundation and CIFF. Calculation based on data available in Global Nutrition Report 2015, p. 153, Table A3.3.
- xiv Global Nutrition Report 2015, Nutrition for Growth tracking tables.
- xv Ibid.
- xvi SMART stands for Specific, Measurable, Achievable, Relevant and Timebound. For the Global Nutrition Report's guidelines on SMART nutrition pledges cf. <http://globalnutritionreport.org/files/2016/03/SMART-guideline-GNR-2016.pdf>
- xvii For the full list of the nutrition-specific interventions, cf. 'Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?' Bhutta A. et al, The Lancet, 2013 Maternal & Child Undernutrition series, Vol. 382, Aug. 2013.
- xviii p.58, Global Nutrition Report 2015 The figure of \$940 m. is for 'basic nutrition' spending by donors, as reported to the OECD. Some projects that are labelled as 'basic nutrition' are not in fact amongst the list of nutrition-specific interventions (e.g. school feeding programmes). Therefore, the actual figure for nutrition-specific aid may be lower.
- xix As recently as 2012, donors were spending just \$0.56 billion on nutrition-specific aid. Ibid, p.58
- xx p.1, Investing in Nutrition: The Foundation for Development. An Investment Framework to Reach the Global Nutrition Targets, Shekar M, Kakietek J, D'Alimonte M, Walters D, Rogers H, Dayton Eberwein J, Soe-Lin S and Hecht R., 2016.
- xxi Countries spending less than \$1m on nutrition-specific interventions in 2013: Czech Republic, Finland, Iceland, Norway, Portugal, South Korea. Countries spending nothing at all: Austria, Greece, New Zealand, Poland, Slovakia, Slovenia and Switzerland. Global Nutrition Report 2015 p.62.
- xxii The remaining amount would come from sources such as innovative financing mechanisms and household contributions.
- xxiii The health sector is concerned with both 'specific' and 'sensitive' interventions – 'specific' as it is usually the delivery vehicle for these interventions and 'sensitive' because access to decent healthcare reduces the incidence of diseases linked to undernutrition and enables the regular monitoring of a child's nutritional status.
- xxiv Global Nutrition Report, p.64.
- xxv 21.4% <http://www.oecd.org/dac/stats/statisticsonresourceflowstodevelopingcountries.htm> Cf. Table 19: Aid by Major Purposes, 2014. Agriculture: 4.9%; Health: 4.6%; Education: 8%; Water Supply & Sanitation: 3.9%.
- xxvi Crude because the OECD figures are for 2014 and social protection is not included and because the 21% share only relates to OECD member countries' aid, not that of all donors.
- xxvii Having a baseline figure is essential as this will enable progress to be measured properly.
- xxviii Ministry of Health and Family Welfare; Ministry of Women and Child Development.
- xxix p.46, SUN Annual Report 2015, accessed at: http://scalingupnutrition.org/wp-content/uploads/2015/10/SUN_AnnualReport2015_EN.pdf
- xxx Cf. Action Against Hunger France, Financing Nutrition – India, Chad & Madagascar, forthcoming factsheet series, 2016.
- xxxi Information supplied by Action Against Hunger France.
- xxxii p. 44, Global Nutrition Report 2014. Africa – 35%; Asia – 31%; compared to, for example, Latin America and the Caribbean – 54%; and Europe – 52%.
- xxxiii Cf. Federation of African Nutrition Societies' (FANUS) Arusha Declaration, 29/5/15: <http://www.lishe.org/federation-of-african-nutrition-societies-fanus-arusha-declaration-29th-may-2015/>
- xxxiv Cf. <http://globalfinancingfacility.org/> for details.
- xxxv UNITAID was launched in 2006. UNITAID is an initiative for financing the fight against HIV/AIDS, tuberculosis and malaria and is based on a micro levy (\$1) on air tickets. To date, the fund has raised over \$2.5 billion, enabling the treatment of over 350 million cases of malaria and tuberculosis, as well as treatment for HIV.
- xxxvi p.68, Global Nutrition Report 2015.
- xxxvii Ibid.
- xxxviii As per the Federation of Africa Nutrition Societies' recent recommendation (see p.5 of this briefing).
- xxxix For the full list of the EU campaign's asks, please see the following report: Nutrition Summit in Rio 2016: A Call for Sustained EU Political Leadership To End Undernutrition, Feb. 2016, available at: <http://www.ghadvocates.eu/wp-content/uploads/2016/03/GN-Nutrition-Summit-in-Rio.pdf>
- xl Asks developed jointly by Generation Nutrition UK and the UK members of the International Coalition for Advocacy on Nutrition (ICAN).



BREASTFEEDING ADVICE SESSION, ETHIOPIA



GENERATION NUTRITION IS A GLOBAL CIVIL SOCIETY CAMPAIGN, LAUNCHED IN 2014. WE CAMPAIGN FOR GOVERNMENTS TO BRING ABOUT AN END TO CHILD DEATHS FROM UNDERNUTRITION. 85 PARTNER ORGANISATIONS SUPPORT THE CAMPAIGN, WORKING IN: BURKINA FASO, CZECH REPUBLIC, EU, FRANCE, INDIA, ITALY, KENYA, NEPAL, PHILIPPINES, SPAIN, UK, US, ZIMBABWE; AND AT THE GLOBAL LEVEL. WWW.GENERATION-NUTRITION.ORG

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