

# SCALING UP NUTRITION

**SUN MOVEMENT PROGRESS REPORT**

**2011-2012**



**September 2012**

This report has been produced by the SUN Movement Secretariat which acknowledges and thanks the many people who produced material for the report, writing sections and editing text. Without their contributions this report would not have been produced. The Secretariat acknowledges the hard work of SUN Country Focal Points, who gave extremely generously of their time, and the kind attention of the SUN Network Coordinators. We also thank the many Lead Group members who offered their invaluable perspectives.

This publication has been produced with the assistance of the Bill and Melinda Gates Foundation, Canada, the European Union, France, Ireland, Italy, Switzerland, the United Kingdom and the UN Standing Committee on Nutrition. The contents of this publication are the sole responsibility of the SUN Movement Secretariat and can in no way be taken to reflect the views of donors and organizations contributing to the SUN Movement Secretariat.

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UNITED NATIONS



NATIONS UNIES

### **PREFACE BY THE SECRETARY-GENERAL**

Two years ago, a small but committed group of politicians and nutritionists launched a movement called “Scaling Up Nutrition” (SUN) with the ambitious goal of revolutionizing the way the world tackles the problem of under-nutrition.

This breakthrough had been building since 2008, when a world food crisis prompted leaders to ask what was going wrong, and how we should change our approach.

The SUN Movement answered that call. It did not require any new institution, fund or programme. Instead, it proposed an entirely new way of working. Led by countries, and driven by evidence, SUN rallied Governments, civil society, the private sector and international donors to advance agreed goals to scale up nutrition.

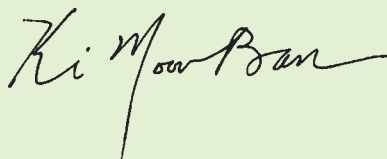
By breaking down barriers separating different disciplines, SUN galvanises experts in agriculture, health, social protection, and finance. It successfully made the case that good nutrition is not just about healthier food, though that is part of it; that it is not just about ensuring a good health service, though that is part of it too; and that it is not just about sound labour laws, nutrition-sensitive agri-businesses, or effective sanitation. SUN is demonstrating that good nutrition can be achieved when all these elements are brought together in a cohesive plan.

Two years on, this Movement is accelerating. Twenty-eight countries have now put nutrition at the heart of their approach to development. They have adopted supporting laws, allocated funds and developed platforms for action across sectors. They are rallying all players to reach shared goals.

Earlier this year, 27 leaders from business, Government and civil society agreed to form a “Lead Group” to steward this process. The international community is expected to endorse a new strategy in September to scale up nutrition worldwide.

In a world of plenty, no individual should be malnourished. The costs in terms of human suffering and national underdevelopment are too high. I commend the significant achievements of SUN in providing a global answer to this problem, and I urge more countries to join.

The SUN Movement offers hundreds of millions of children an opportunity to live healthier, longer and more productive lives. We owe it to them and future generations to turn this opportunity into reality.

A handwritten signature in black ink, reading "Ki Moon Ban". The signature is fluid and cursive, with the first name "Ki" and last name "Ban" being more prominent than the middle name "Moon".

BAN Ki-moon

## EXECUTIVE SUMMARY

### Why nutrition now?

In May 2012, a panel of the world's leading economists published the findings of a year-long research project, involving more than 65 researchers around the planet. The headline: a dollar spent on improving nutrition for small children offered more benefit to humanity than any other single form of investment.

On the strength of this evidence, the Copenhagen Consensus 2012 Expert Panel issued an unambiguous call to action: "Fighting malnourishment should be the top priority for policy-makers and philanthropists."

It was a bold statement, but very much in line with the emergence of a new movement, taking place in countries around the world, to give nutrition the prominence it deserves.

For many campaigners and nutritionists it marks the culmination of a long and lonely struggle to convince policy-makers that under-nourishment is ground zero for human suffering - setting in motion a lifelong chain of harm, with irreversible costs not only to the well-being of individuals but the prosperity of nations.

***"Nigeria has over the years recognised the role of nutrition as a development issue and has committed to addressing the unacceptably high rate of malnutrition among under-fives in the country."***

Professor C.O. Onyebuchi Chukwu,  
Minister of Health of Nigeria,  
November 2011

For too long, Governments and development agencies had seen under-nutrition through other lenses: the failure to grow enough food, general poverty, or maternal neglect. It was assumed that by growing more food, or increasing economic prosperity, better nutrition happens automatically. But the Copenhagen Consensus, alongside a growing and increasingly influential wealth of research, has made that position increasingly untenable. Nutrition is a much bigger concept, embracing many different spheres of activity, and without a comprehensive approach millions of people will not live healthy and productive lives.

The SUN Movement is both a response to this shift, and a catalyst for action. This Progress Report, which covers the period from September 2011-September 2012, demonstrates some of the extraordinary changes taking place in its 28 participating countries as they move nutrition to the top of their agenda, and build committed coalitions of diverse actors to drive change.



## Results, results, results

Since 2010, those within the SUN Movement have recognized that fine words are not enough. To prove its worth the Movement must demonstrate results. And while it is too early to establish a link between the growth of the Movement and improving nutritional indicators - that will take from three to five years - clear results are starting to emerge.

Over the past year, participating SUN countries witnessed a dramatic increase both in high-level political backing for nutrition, and in bringing together diverse groups of people around common goals. They have set themselves clear nutrition targets, scaling up programmes, and putting in place the necessary resources.

Nutritionists and other experts interviewed for this report describe these developments as a genuine breakthrough, all the more remarkable for the lack of attention over the preceding decades.

2011-2012 brought a historic sense of moment to the Scaling Up Nutrition Movement. In 2010, it remained, at heart, an idea, albeit an increasingly powerful one. In 2011 the idea became real. Now Scaling Up Nutrition is a reality – and the momentum is evident to all.

In 2012 nutrition has come into the limelight, included as a central goal in national development and economic strategies. An increasing number of Presidents and Prime Ministers choose to champion the cause of nutrition, housing special units in their offices, and asking for personal briefings.

World leaders, such as UN Secretary-General Ban Ki-moon, US President Barack Obama and Pope Benedict XVI are talking the language of nutrition at the highest international levels, in the world's most prominent decision-making fora - the G8, G20, the Rio+20 Conference on Sustainable Development - and at major cultural and sporting events, such as the London Olympic Games.

In summary, 2012 is the year when chronic under-nutrition moved from the side-lines to the centre, and many of the mechanisms were put in place - often for the first time ever - to end its debilitating effects.

**Chapter 1** of this report will provide an overview of the SUN Movement, and its principles of engagement. It will seek to explain what a Movement means, and identify its most salient features - in contrast to more traditional forms of international organization.

***“Indonesia is proud of its past achievements in tackling under-nutrition but our nation is aware that much more work still remains to be done. Indonesia recognises the potential for using the SUN framework to effectively address the challenges posed by malnutrition, including its economic and development impacts.”***

Dr Endang Rahayu Sedyaningsih,  
Minister of Health of Indonesia,  
January 2012

*“The Gambia is well placed for achieving significant nutrition outcomes through shared results and accountability frameworks, transparent measurement systems and tracking of financing and investments that stimulate full participation from all key stakeholders in the country.”*

Dr Isatou Njie-Saidy,  
Vice-President of The Gambia,  
July 2012

**Chapter 2** forms the heart of the analysis, offering a preliminary overview of country progress on four indicators, and providing a glance at the current state of global malnutrition indicators.

It will suggest a mechanism to chart, through staging, each SUN member country’s overall progress towards an effective nutrition-focused policy environment. This will raise many questions, but SUN members have expressed support for the staging as an essential tool to measure progress.

**Chapter 3** will explore the development of SUN at the global level, most notably the appointment of an influential Lead Group whose guidance and high-level advocacy are seen as crucial for keeping the political momentum. The report will feature

perspectives from several of these Lead Group members, reflecting their diversity of experience, and look at seven areas of focus which helped guide the evolution of SUN’s strategy.

**Chapter 4** will track the development of SUN networks, an effort to bring together like-minded people from specific groups to share experience and information and drive change.

**Chapter 5** will take a brief look at some of the major challenges that lie ahead.

This report is intended to be read alongside detailed information on the progress of individual SUN countries that will be available on the new SUN website that will be launched in September 2012.

## **PERSPECTIVES**

### **The quiet crisis — Anthony Lake**

We face a crisis that neither commands headlines nor dominates conversations. It affects 180 million children under five. And while it is a huge drain on development, it also provides one of our greatest opportunities to advance it.

This quiet malnourishment crisis is known as stunting.

Stunting is the outcome of chronic deficiency in nutrition in the first thousand days of a child's life — from pregnancy to the age of 2. The damage it causes to a child's physical and cognitive development is irreversible.

The World Bank estimates that countries affected by stunting and other forms of under-nutrition lose at least 2 to 3 per cent of their Gross Domestic Product and billions of dollars in salaried employment and avoidable health care spending.

Together, we can prevent stunting. Solutions are as simple as they are inexpensive: micronutrients, community nutrition programmes, breastfeeding, good child feeding.

The Scaling Up Nutrition Movement focuses greater attention and action on under-nutrition. To date, leaders in 28 developing nations have pledged to reduce under-nutrition in their countries.

As you read of the challenges in this Progress Report, remember that they also represent opportunities. And responsibilities. Because when solutions are so available, we have a moral duty to do all we can — for our children, our communities, and our countries.

## CHAPTER 1 - THE MOVEMENT EVOLVES

In the wake of the 2008 food crisis, a small group of dedicated nutrition professionals decided it was time to come together and agree on common approaches. The growing body of evidence they presented helped motivate political leaders around the world to tackle child under-nutrition, which brought all the disparate pieces of the nutrition puzzle into a unified whole.

Instead of another institution, fund or programme, they launched a global Movement, called Scaling Up Nutrition, or SUN. Guided by a Framework and a Road Map, this Movement called for the establishment of worldwide networks, united around common principles, which could bring together the entire spectrum of actors whose work affects nutrition. It had a clear focus: improving nutrition during the first thousand days of a person's life - from pregnancy to second birthday - due to its overwhelming importance for the rest of that person's existence.

***"We're going to keep focusing on nutrition, especially for young children, because we know the effects of poor nutrition can last a lifetime."***

Barack Obama,  
President of the United States  
of America, May 2012

This was to be a different kind of organization - designed for an evolving world, in which solutions were not imposed, but based on partnership, which brought together civic groups, private businesses, donors, international institutions and Governments, across disciplines, and across sectors, supporting national nutrition policies and plans.

It was to be adaptable and flexible, but also grounded in reality and results; measured not by meetings held, but by outcomes and impact. This was a Movement whose approach would be firmly grounded in evidence:

- Scientific evidence; for what approaches work to improve nutrition,
- Financial evidence, for why scaling up nutrition is a good investment in a country's economic well-being, and what investments work,
- Political evidence, for the best ways of gathering diverse groups together in common cause.

The Movement came into being in September 2010, with the establishment of a Framework and a Road Map designed to achieve real results over the next 3 years.

## SUN year by year

### 2010-11

During its first year, SUN's priority was to increase the political momentum around nutrition, grow the Movement, and build consensus on the way ahead. There was significant progress on all fronts, as outlined in last year's progress report and marked at the High Level Meeting on Nutrition held in September 2011 in New York. 2010-2011 was a year of transformation, from concept to reality, placing SUN firmly on the international agenda.

### 2011-12

2011-12 was the year when SUN moved from advocacy to results. It became a genuinely global Movement, driven by 28 SUN countries, gathered around an agreed set of principles and rules of engagement. SUN members took a fundamental step: explicitly recognising that scaling up nutrition was the most important investment that they could make in their future. The number of stakeholders increased and extended in scope, globally, nationally, and at the district and community levels. SUN countries established multi-stakeholder platforms, where diverse groups came together to chart a coherent nutrition policy, and establish indicators to measure success.

Globally, an influential Lead Group was established, and four support networks were launched. The growing political momentum was demonstrated in high-level commitments and initiatives at the G8, G20, and Rio+20.

This progress was reflected in a new strategic framework, which will update the 2010 SUN Road Map.



### 2012-2013

Over the next year, SUN will work to mobilise resources behind increasingly empowered national movements, to achieve measurable impact.

This is a moment for optimism. Countries are taking control of their own destinies; civic organizations, the UN system, the private sector and researchers are heeding the call to get involved. Governments are taking nutrition seriously, and information is becoming more widely accessible, allowing people to hold them to account. Scaling up nutrition is moving away from the realm of specialists and experts, to ordinary people, and in many cases women are taking the lead.

The road ahead will be hampered by persistent global economic problems. Many SUN countries face recurrent crises that lead to protracted food insecurity and high levels of chronic under-nutrition due to an increasing frequency of adverse climatic events.

Amid these difficulties, SUN countries have shown that unified approaches to nutrition, particularly those which empower women, can lead to remarkable outcomes.

In response to the food crisis in the Sahel region of Western Africa, for example, Niger showed great progress in promoting effective child nutrition programmes - saving many lives, and increasing the likelihood that those communities will be better placed to withstand the next crisis.

Nutrition is becoming a central feature in the broader discourse about development and human rights. Protecting the right to adequate nutrition is increasingly seen as a core responsibility of Governments and development actors, and the language of nutrition is featuring in a growing number of campaigns against inequity.

This report contains encouraging examples of what good policy and political commitment can achieve. The challenge now is to spread this message, support and sustain further successes, and have the courage to adapt as necessary.

## A unique kind of movement

Over the past two years, SUN has emerged as a unique form of movement - driven both from above and below. It is a bottom-up movement, in that it embraces a multiplicity of civil society groups, whose ideas and determination were essential to putting nutrition on the map. It is a top-down movement, in that it has been driven by the commitment of high-level political actors to make change.

It is also a country-led movement: in effect, each of the 28 SUN countries contains their own national Movements, which are joining forces with others on a global scale for joint advocacy and mutual support. SUN is extremely diverse, comprising actors from around the world, from a broad range of sectors and disciplines.

SUN is also pragmatic: its members are not motivated by rhetorical statements or political positioning, but by producing evidence and demonstrating results. The SUN Networks, Lead Group and Secretariat exist to support countries in their endeavours. Either they succeed, or the Movement is of no added value.

It is best to conceive of SUN as a big tent, designed to create the political space for a multitude of groups to act effectively and jointly to reduce under-nutrition. It offers both a sense of direction and a source of support so that national actors can make their dreams come to life. It is a true collective effort, and is already showing results.

### PRINCIPLES OF ENGAGEMENT

- **Be transparent about impact**
- **Be inclusive**
- **Be rights-based**
- **Be willing to negotiate**
- **Be mutually accountable**
- **Be cost-effective**
- **Be continuously communicative**

## Sun Countries at a glance

Nine more countries have joined the SUN Movement in the last year taking the number from 19 in September 2011 to 28 in September 2012. The number of stunted children in these countries who will potentially benefit from SUN has increased from 29.9 million in September 2011 to 52 million in September 2012. Nigeria and Indonesia, who have joined the SUN Movement in the last year are home to 18.1 million stunted children alone. The countries highlighted in red in the table below are those which have joined within the last year.

SUN country	Government commitment to SUN (Date of Letter sent to SUN Coordinator)		Numbers of stunted children (millions)
	September 2011	September 2012	September 2012
Bangladesh	Pending		6.0
<b>Benin</b>		<b>12 September 2011</b>	<b>0.7</b>
Burkina Faso	28 June 2011		1.1
Ethiopia	Pending		5.3
The Gambia	18 July 2011		0.1
Ghana	25 March 2011		0.8
Guatemala	7 December 2010		1.1
<b>Haiti</b>		<b>11 June 2012</b>	<b>0.3</b>
<b>Indonesia</b>		<b>22 December 2011</b>	<b>7.0</b>
<b>Kyrgyz Republic</b>		<b>7 December 2011</b>	<b>N/A</b>
Lao PDR	25 April 2011		0.3
<b>Madagascar</b>		<b>28 February 2012</b>	<b>1.7</b>
Malawi	15 March 2011		1.3
Mali	24 March 2011		0.8



SUN country	Government commitment to SUN (Date of Letter sent to SUN Coordinator)		Numbers of stunted children (millions)
	September 2011	September 2012	September 2012
Mauritania	19 May 2011		0.1
Mozambique	31 August 2011		1.7
Namibia		16 September 2011	0.1
Nepal	5 May 2011		1.4
Niger	14 February 2011		1.5
Nigeria		14 November 2011	11.1
Peru	19 November 2010		0.7
Rwanda		22 December 2011	0.8
Senegal	6 June 2011		0.6
Sierra Leone		16 January 2012	0.3
Tanzania	5 June 2011		3.5
Uganda	17 March 2011		2.2
Zambia	22 December 2010		1.0
Zimbabwe	6 June 2011		0.5

## CHAPTER 2 - COUNTRY PROGRESS

Twenty-eight countries have now joined the SUN Movement, home to more than 50 million children under 5 who suffer from stunting. This represents more than a quarter of all the stunted children in the world (close to 200 million). Because of this commitment, and the personal involvement of many SUN country leaders, millions of children have a chance of a better life; even more if one includes other countries, yet to join SUN, which are promoting a more comprehensive approach to nutrition.

SUN countries today face the prospect of dramatic improvements in individual well-being, as well as significant gains to their finances and economic growth. But the road from here to there will require more than just political commitment: it also needs an unprecedented level of analysis of what does and doesn't work, and what forms of organization foster success.

### 2.1 Establishing measures for success

Impact lies at the core of SUN's mission. Either countries within the Movement demonstrate accelerated reductions in levels of stunting, anaemia and low birth-weight, or the Movement fails.

But nutrition indicators are not the whole story. Members of the SUN Movement also aim to understand how countries are building the systems needed to tackle under-nutrition: how diverse groups are coming together on shared platforms, what laws are being passed, what programmes implemented, and how much money is being spent.

2011-2012 offered an essential beginning to this process. SUN countries agreed to measure their progress in four primary areas: i) establishing a shared space in which diverse stakeholders can take effective action to scale up nutrition (multi-sector, multi-stakeholder platform), ii) ensuring the existence of a coherent policy and legal framework for nutrition, iii) aligning nutrition programmes around a shared set of goals and iv) mobilising and tracking resources with an impact on nutrition.

This chapter is a first attempt to show how these data can be brought together, to provide a point of reference by which future progress can be measured.

**Indicator I. Bringing people into a shared space for action**

The first set of indicators addresses efforts to bring different actors into a shared space, where they can align their activities and take joint decisions for action. Upon joining the SUN Movement, each country appoints a SUN Focal Point from within the Government, and identifies a multi-stakeholder platform which gathers together the actors necessary to effectively tackle under-nutrition - such as line ministries, civil society groups, donors, business, the UN and academia.

Countries take a number of approaches, and SUN does not intend to endorse any one model. This platform might be located under the office of the prime minister or president, an independent body that reports to a line ministry, a department within a line ministry, or a supra-coordinating ministry. At working level, there is almost always cross-sectoral representation from Government, and participation from donors, UN agencies and civil society organizations.

Effective multi-stakeholder platforms tend to feature a strong degree of Government leadership, and the evidence suggests that a high level of political commitment can make coordination easier among line ministries. At the same time, effective platforms should have buy-in from other partners, and systems to ensure mutual accountability.

Eleven countries have situated their multi-stakeholder platform in the office of the president or the prime minister. This gives the body executive authority that encourages line ministries, national institutions and local Government bodies to undertake unified action for scaling up nutrition.

Nine countries have placed their platform within a line ministry, but with the authority to reach out to other line ministries, through a memorandum of understanding. This system calls for high-level political endorsement to ensure smooth collaboration across sectors.

<b>MULTI-STAKEHOLDER PLATFORMS</b>	
<p><b>EXECUTIVE POWER</b></p> <p>Benin The Gambia Ghana Kyrgyz Republic Madagascar Malawi Mali Namibia Senegal Tanzania Uganda</p>	<p><b>LINE MINISTRY</b></p> <p>Bangladesh Burkina Faso Ethiopia Indonesia Mozambique Nepal Niger Peru Rwanda</p>
<p><b>INDEPENDENT BODY</b></p> <p>Guatemala Haiti Mauritania Zambia Zimbabwe</p>	<p><b>PLANNED</b></p> <p>Lao PDR Nigeria Sierra Leone</p>

Five countries have created an independent council or a commission, with the capacity to convene relevant sectors at national and sub-national levels. This independence can enhance the credibility of the body in some settings, particularly when it benefits from political endorsement from the highest executive power.

As of writing, 27 out of the 28 SUN countries had appointed a SUN Focal Points - high-level influencers with the ability to drive change at a national level and coordinate with external organizations and funders.

In all countries there is an increasing level of support and representation from other stakeholders. In 19 countries donor conveners have been appointed to ensure a cohesive and nutrition-sensitive approach amongst major donors in country. The UN has established coordination through the REACH partnership in 13 countries. Chapter 4 will explore the emergence of stakeholder networks in more detail.

## SUN STORIES

### How a civil society initiative drove change in Peru

In 2005, Peru still had one of the highest child malnutrition rates in Latin America, despite rising economic growth and Government programmes such as “A good start in life,” which was implemented by the Ministry of Health, USAID and UNICEF. In 2006 a sea change occurred; and over the next 5 years under-nutrition fell from 23 to 18 per cent countrywide, and even faster in rural areas – from 40 to 31 per cent.

Andrés Mejía Acosta, a fellow at the University of Sussex’ Institute of Development Studies, set out to discover why. The key, he found, was the establishment of a powerful coalition of international aid and civil society organizations, called the Child Nutrition Initiative (CNI). It changed the political dialogue in fundamental ways.

The CNI, led by CARE-Peru, recognised that under-nutrition had many causes, and lobbied the Government to make its policies more cohesive. Dramatically, it convinced 10 Presidential candidates to sign a political commitment to reduce chronic malnutrition by 5 per cent in five years. The CNI offered a coordinating space, bringing together partners working on a range of activities – including education, sanitation, distribution of micronutrients – and “an opportunity to focus on ‘what works?’” says Dr. Mejía.

After the election, CNI drafted a 100-day action plan for Alan Garcia, the winning candidate, who committed his Government to reducing malnutrition by 9 per cent. CNI also engaged regional Government leaders and other allies such as the World Bank. “Through these public acts of political influencing,” says Dr. Mejía, “the CNI ensured long-term commitment of political elites to advancing policy efforts in the fight against under-nutrition.”

When Ollanta Humala became president in 2011 he pledged to continue the commitment to nutrition. Actions included the creation of a new Ministry of Development and Social Inclusion (MIDIS), with a specific mandate to coordinate Government agencies, private sector and civil society to reduce child chronic malnutrition by 10 per cent. In 2012, Nadine Heredia, the First Lady of Peru, was appointed to the SUN Lead Group.

## Indicator II. Ensuring a coherent policy and legal framework

### i) Nutrition policy and strategy

Nearly all SUN countries have put in place a new nutrition policy since 2008, when a series of articles published in the Lancet medical journal initiated a new global dialogue on nutrition. They vary more widely, however, in their level of preparation of costed nutrition plans. Seventeen countries have a costed plan in place, in three they are being finalised, in two they are being reviewed and in three countries costed plans are still being developed.

Seventeen countries have put in place food and nutrition policies, including Mauritania, Bangladesh, Mozambique, Nepal, Rwanda and Uganda. Five of them have specifically taken a multi-sectoral planning approach. Nearly all SUN countries indicated having nutrition-specific policies that comprehensively cover the promotion of good nutritional practices, provide a reference framework for micronutrient provision and address therapeutic treatment of acute malnutrition among children. Most countries also have specific guidance in place to prevent or treat malnutrition in

people living with HIV/AIDS. The range of updated policy documents available in SUN countries shows the extent of work done to ensure that there is a coherent policy context for nutrition-specific programmes or interventions.

***“Improving nutrition has a profound impact on a country’s long-term economic development and stability.”***

Samuel Worthington,  
InterAction President,  
May 2012

### ii) Updated sector policies and strategies with relevance to nutrition

Nutrition goals have been explicitly included in the majority of recently-updated poverty reduction or national development policies and strategies, or in new policies in sectors relevant to nutrition - such as agriculture, food security, social protection and education.

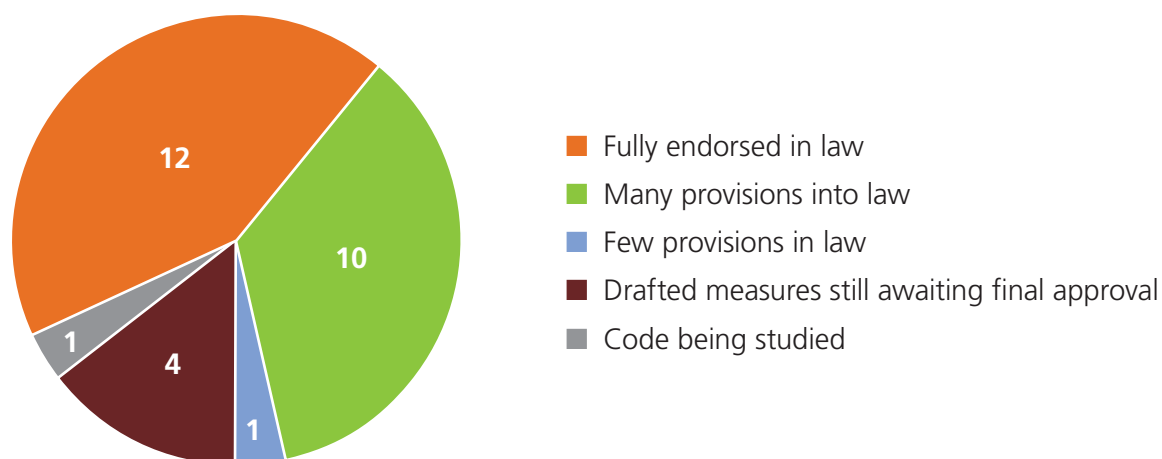
Most countries have updated policies for development, with 10 of them specifically addressing poverty reduction. The Gambia, Madagascar, Niger, Nigeria and Uganda have specific gender policies on women’s empowerment and participation in development. Most updated policies in agriculture and food security show a comprehensive overview of food systems with attention given to fishery, livestock and natural resources. All countries have updated health policies; half of them have done so since 2010. Some new health policies specifically address issues such as universal health coverage, delivery insurance and reproductive health; and some of them explicitly link health and social services. Fifteen countries have social protection policies, mostly endorsed since 2010. These policies primarily focus on the welfare of women, children and youth, and are issued by a wide range of ministries depending on the country. Of the 20 countries that have updated education policies, half of them have specific policies to mainstream nutrition and health, or to address the education of girls.

### iii) Nutrition legislation

Many SUN countries are establishing laws on the basis of Government-endorsed national strategies for food and nutrition. Relevant areas for legislation include: 1) a legal framework to regulate the quality and marketing of breast-milk substitutes, 2) laws governing maternity leave, in order to allow a mother the space and time to breastfeed her infant and introduce nutritious and appropriate food after six months, 3) food fortification standards designed to increase amounts of micronutrients in the diets of mothers and children.

Initial analysis shows that nearly all SUN countries that have endorsed national strategies have *at least* initiated laws in all three areas, but that there is considerable variety in the progress of legislation.

#### Legislative Status of International Code of Marketing of Breast-Milk Substitutes



**Source:** Status report on the Implementation of the International Code of Marketing of Breast-Milk Substitutes and subsequent related World Health Assembly Resolutions (WHAs); June 2012

1) Almost half of SUN Movement countries now have the full suite of legislation on the marketing of breast-milk substitutes. A further one in three has put many provisions into law. Another quarter of SUN countries has initiated the legislative procedure, but is at a significantly earlier stage in the process. Half of the 28 SUN countries have reported whether they have a mechanism to monitor violations of the legislation, and of them nine have a fully functioning system, two partially functioning, and three not functioning.

2) Nearly all SUN countries have established maternity leave, and most of those at full pay, at least for the first portion of that leave. However the periods allotted vary considerably, ranging from 52 days (seven and a half weeks) to more than 18 weeks. Only 11 SUN countries have allocated 14 weeks or more for maternity leave, which is the minimum recommended by the International Labour Organization.

### Maternity Leave in SUN Countries

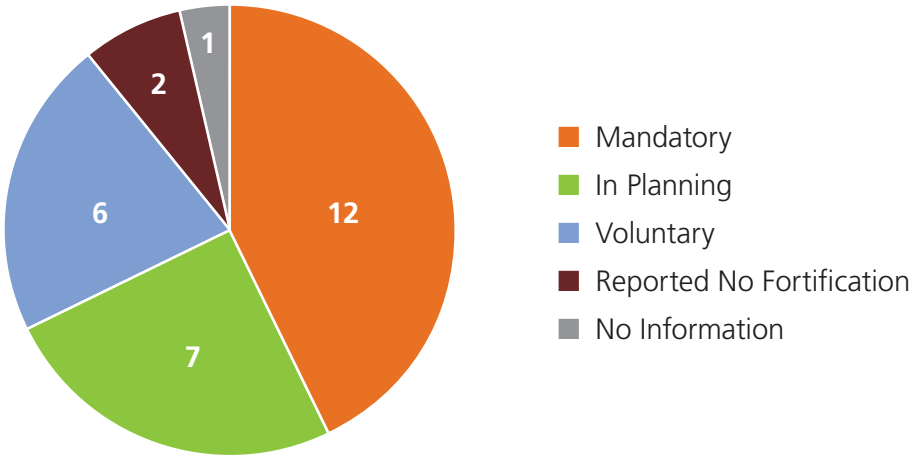


**Source:** Maternity at work: a review of national legislation / International Labour Office, Conditions of Work and Employment Branch. Second edition. Geneva: ILO, 2010

3) Worldwide, 76 countries require fortification of one or more types of wheat flour with either iron or folic acid. Twelve countries in the SUN Movement now have mandatory fortification of wheat flour, while seven countries are in the planning stage. An additional six countries are encouraging the private sector to apply voluntary fortification. Nigeria has mandatory fortification for both wheat and maize flour. Indonesia is encouraging the fortification of rice subsidised for the poor.



### Wheat flour fortification in SUN countries



Source: Flour Fortification Initiative, www.sph.emory.edu

### Indicator III. Aligning programmes around common goals

Only by aligning programmes around shared goals will SUN countries improve nutrition in a sustainable way, at scale. Programmes might be specifically aimed at nutrition outcomes, or designed for other primary goals with sensitivity to nutritional needs. SUN aims to encourage stakeholders to negotiate and rally around a ‘common results framework,’ which can help them allocate resources effectively, undertake joint actions and address gaps. This is a political activity, informed by technical recommendations, and requires high-level buy-in and endorsement. It could take the form of a pact, or a memorandum of understanding, or a costed implementation plan.

Examples include Crecer para Incluir in Peru, Hambre Zero in Guatemala, and the “feuille de route” in Niger. Other countries that have used this approach are Nepal, Rwanda, Madagascar and Sierra Leone.

#### i) Nutrition-specific programmes

‘Nutrition-specific interventions’ are 13 high-impact interventions included in the SUN Framework, and set out in the Lancet series of 2008. They are grouped under three main headings - good nutrition practices, the provision of micronutrients, and treatment of acute malnutrition. The World Bank estimated an additional cost of \$11.6bn a year for these interventions to scale from current to full coverage, to significantly reduce under-nutrition in 36 high burden countries.

SUN countries are reporting a significant increase in community-based delivery of integrated nutrition, health and sanitation interventions, in line with the national and international political commitments to greater coverage. To ensure this is sustained, community-based nutrition is increasingly anchored within local development agendas.

Countries that have significantly scaled-up good nutritional practices using a community-based approach include Bangladesh, Ethiopia, The Gambia, Haiti, Indonesia, Madagascar, Malawi, Nepal and Rwanda. These include the Baby Friendly Community Initiative in The Gambia, which is being scaled in 691 out of 1963 communities, the Community-Based Nutrition programme in Ethiopia, the Kore Famni in Haiti, and behavioural change communication strategies in all districts of Malawi.

Nutrition interventions such as supplementation of Vitamin A for children between 6 and 59 months and de-worming for children between 12 or 24 and 59 months are already implemented at scale in all SUN countries. Common challenges remain in ensuring coverage in hard-to-reach areas. Most SUN countries have implemented six-monthly campaigns that include a range of essential health services such as immunisation, provision of treated nets to combat malaria, screening for acute malnutrition and other common child illnesses, and, in some cases, Voluntary Counselling and Testing for HIV/AIDS.

In all SUN countries ante-natal care for pregnant women includes routine supplementation of iron and folic acid during pregnancy. Child care services include routine provision of micronutrients for all children and provide an opportunity for early detection and treatment of micronutrient deficiencies.

In many countries - including Ethiopia, Malawi, Mozambique, Niger, Zimbabwe and most recently Sierra Leone and The Gambia - there has been a significant scaling up of the treatment of severe acute malnutrition. Treatment mostly started as an emergency response to food crises; factors in successful scaling up have been a commitment by Government to ensuring full coverage, and greater nutrition-sensitivity of in- and out-patient services using health posts and community outreach programmes. Bangladesh is piloting the treatment of severe acute malnutrition within its community-based national nutrition programme, while Nigeria is scaling up treatment in northern States which have the highest caseload of acute malnutrition. Indonesia has already developed national guidelines for the treatment of severe acute malnutrition using frontline health workers.

## ii) Nutrition-sensitive programmes

The implementation of sector strategies which contribute to the improved nutrition of children and their families is increasingly seen as the primary means for addressing the underlying causes of poor nutrition. Many different sectors contribute to achieving better nutritional outcomes, and the following are particularly important: agriculture or food security, social protection, education, public health, water and sanitation, national development or poverty alleviation. SUN countries are gathering additional data to better define nutrition-sensitive development strategies and track their impact.

A number of countries, including Bangladesh, Ethiopia, Haiti, Nepal, Rwanda and Sierra Leone have indicated that they expect to improve nutrition outcomes through their increased investment in agriculture. Examples include the Smallholder Commercialisation programme in Sierra Leone, the Agriculture Growth Programme in Ethiopia, the Technology Transfers to Small Farmers in Haiti, and the Food Security Enhancement Project in Nepal. These provide opportunities for stakeholders from the agricultural sector to actively engage in programmes to advance nutrition.

Many countries have started to tackle underlying causes by expanding school feeding programmes (these include Benin, the Gambia, Ghana, Namibia, Peru, Rwanda and Uganda). In the Gambia and Ethiopia, specific attempts have been made to improve health and nutrition education in the school curriculum.

Social protection programmes are increasing in scope in Bangladesh, Ethiopia, Guatemala, Indonesia, Peru and Zimbabwe. Many countries have increased the income of smallholder food producers by linking them to school feeding and social protection programmes. This linkage is championed by the “Purchase for Progress” scheme supported by the World Food Programme in 13 SUN countries: Lao PDR, Ethiopia, Ghana, Burkina Faso, Mali, Malawi, Mozambique, Rwanda, Sierra Leone, Tanzania, Uganda, Zambia and Guatemala.

Indonesia has embarked on several major social protection programmes linked to health, such as Community Health Protection (Jamkesmas), and Health Insurance for Safe Delivery (Jampersal).

In Mauritania and Senegal, food and nutrition security are closely linked through the provision of fortified foods and nutrition education to targeted children and pregnant and lactating women.

An important success factor in the rapid scaling up of nutrition is the existence of a network of frontline health workers, able to reach out to the community with a package of essential health and nutrition interventions. Examples include Ethiopia, Indonesia, Nepal, Rwanda, Mozambique and Madagascar.

In the emergency response to the crisis in Niger, and other affected areas in the Sahel, the prevention and treatment of acute malnutrition is being clearly linked with Water, Sanitation and Hygiene (WASH) interventions, and with the protection and promotion of maternal, infant and young child feeding.

<b>NUTRITION SENSITIVE PROGRAMMES IN SUN COUNTRIES</b>	
<b>Sectors</b>	<b>Nutrition-sensitive activities</b>
Poverty Reduction / Development	<ul style="list-style-type: none"> <li>• Put the achievement of nutrition outcomes at the core of strategies for equitable growth</li> <li>• Maximise the uptake of fortified staple crops through smart subsidies</li> <li>• Ensure all people are able to exercise their right of access to safe drinking water</li> </ul>
Agriculture and Food Security	<ul style="list-style-type: none"> <li>• Focus on increasing smallholder productivity and income</li> <li>• Ensure that safe and affordable nutritious food is available for consumers in local markets, all year round</li> <li>• Diversify production of nutritious food for increased resilience and sustainability</li> <li>• Minimise waste throughout the value chain from production to use</li> </ul>
Social Protection	<ul style="list-style-type: none"> <li>• Focus on equitable targeting – consider targeting by livelihood groups</li> <li>• Build buffer against shocks – consider type, size, frequency and timeliness of transfers</li> <li>• Integrate access to and use of essential services (health, education and production) – consider conditionality</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Invest in early childhood care and development (pre-school age)</li> <li>• Empower school pupils as agents for positive health and nutrition behaviour changes</li> <li>• Maximise the efficiency and sustainability of school feeding with fortified staples and fresh foods from local markets</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>• Invest in frontline health workers for all communities to access a minimum package of essential health and nutrition services, including clean water and sanitation to prevent diarrhoea</li> <li>• Institutionalise Severe Acute Malnutrition treatment (in-patient and out-patient) within routine health services</li> <li>• Enhance reproductive health and family planning services, especially for adolescents – focus on reduced teenage pregnancy and at least three years between births</li> </ul>

## SUN STORIES

### Uniting Ethiopia's programmes around shared goals

In 2005, Ethiopia's second demographic and health survey revealed a striking fact: that chronic malnutrition was highest in its most agriculturally productive regions.

Nutritionists sounded the alarm, and in 2008 the deputy Prime Minister launched a National Nutrition Strategy (NNS) and Programme (NNP), calling on different sectors to coordinate more effectively. Half a decade later, Ethiopia has become a world leader in unifying its approach to under-nutrition.

It paved the way by creating massive programmes to tackle health and food security. In 2008, it established a countrywide programme for the Community Management of Acute Malnutrition (CMAM), with 34,000 health workers in 10,000 health posts. Other programmes include the Community Based Nutrition (CBN) programme in 350 districts; and a de-worming programme covering 11 million children and 700,000 pregnant and breastfeeding women.

Ethiopia also helps 8 million people increase resilience to drought through its Productive Safety Net Programme, with 60,000 agricultural extension workers. Its effectiveness was proven in 2011, when drought led to a famine in neighbouring Somalia, yet had a far less devastating impact in Ethiopia. But these programmes were run separately, by agriculture experts, health experts, or emergency relief workers. That is why Ethiopia decided last year to bring all nutrition actors under one roof.

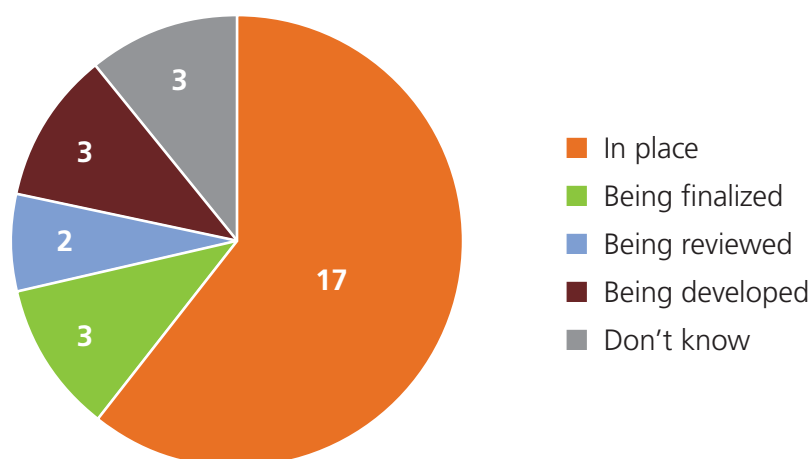
State ministers from agriculture, health, education, water, energy, industry and finance now meet every three months. There have been commitments at the highest level to ensure the Productive Safety Net Programme is made more nutrition sensitive, and work is underway to train Health and Agriculture Extension Workers jointly, to harmonise delivery of nutrition-specific and sensitive services at community level. "We sit down and talk about how we can work together," says Ferew Lemma, from the Ministry of Health, and REACH Facilitator. The SUN Movement has helped link people together and direct more resources towards nutrition, but "the idea was already there; it was a matter of building upon it, and making the talk walk," says Mr. Lemma.

#### Indicator IV. Financial tracking and resource mobilisation

Mobilizing the funds needed to scale up nutrition, and tracking them, has emerged as a priority for future progress. To date, there is more clarity on investment in nutrition-specific interventions; less progress has been made on efforts to track funding for nutrition-sensitive interventions. In both cases, countries with multi-stakeholder nutrition platforms and a common results framework in place have found it easier to provide information on investment.

Tanzania, for example, is conducting its first Public Expenditure Review on Nutrition in collaboration with the World Bank. Field work will begin shortly.

#### SUN countries with costed nutrition plans



**Source:** SUN Country Fiches, Country Profiles (West African Countries) and information from countries during Country Network tele-conferences

In early 2012, the SUN Multi-Partner Trust Fund (MPTF) was set up at the request of partners to disburse catalytic funds in support of the SUN Movement through a clear and transparent route. The SUN MPTF provides a mechanism to review proposals, disburse grants and identify groups ready to support implementation. Switzerland, Ireland and the UK have pooled their resources to provide support for priority actions by SUN Movement stakeholders. The fund is a temporary mechanism that supplements in-country funding where other funds are not readily available. The SUN MPTF covers three areas:

1. Support to mobilise civil society support in SUN countries;
2. Support for SUN countries to galvanise their commitments to the principles of the Movement;  
and
3. Support for global SUN strategic efforts.

The emphasis to date has been on supporting the Civil Society Network, with \$2.8m being allocated to seven national civil society alliances in SUN countries to better engage with Governments and their stakeholders in efforts to scale up nutrition. UN partners, from WFP, REACH, WHO and UNOPS, are facilitating the disbursement. The SUN MPTF is steered by a Management Committee of contributing donors, participating UN organizations and the UNDP's Multi-Partner Trust Fund Office (MPTFO) - the administrative agent. Funding contributions, decisions, and reports are publically available.

## **2.2 Country Progress towards Scaling Up Nutrition**

To highlight advances in the four indicators, and areas where further support is required, a new tracking system is being developed in which each SUN country assesses its progress on a scale of 1 to 4. Countries will continually assess their progress to examine advances over time.

The following tables illustrate the elements of the tracking system, and how these combine to determine the overall SUN Stage of each country. Countries with an effective platform for action, a sound policy and legal environment, and programmes across sectors converging round an agreed set of goals are likely to be in a better position to effectively attract and disburse funds than countries which don't.

## SUN country progress by key indicators

INDICATOR I Bringing people into a shared space for action	INDICATOR II Ensuring a coherent policy and legal framework	INDICATOR III Aligning programmes around common results framework	INDICATOR IV Financial tracking and resource mobilisation
<ul style="list-style-type: none"> <li>Letter from Government committing to the SUN Movement; High Level Government Focal Point identified</li> <li>Multi-stakeholder platform identified; engaging partners effectively across sectors</li> <li>Partners in multi-stakeholder platform working together to support Government priorities to scale up nutrition</li> <li>High level political endorsement of multi-stakeholder platform</li> </ul>	<ul style="list-style-type: none"> <li>Taking stock and reviewing policies plans and strategies</li> <li>Finalized policy review</li> <li>Most policies and laws validated and endorsed</li> <li>Policies and laws effectively used for advancing nutrition</li> </ul>	<ul style="list-style-type: none"> <li>Taking stock of nutrition-specific and nutrition-sensitive programmes</li> <li>Common Results Framework under discussion</li> <li>Common Results Framework agreed, gaps identified</li> <li>Gaps addressed in a concerted way</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition-specific costing completed</li> <li>Understanding of financial resources for nutrition across sectors</li> <li>Financial resources being aligned and mobilised behind agreed priorities</li> <li>Financial resources addressing identified gaps</li> </ul>
<p><b>IMPACT INDICATORS</b></p> <ul style="list-style-type: none"> <li><b>Improved anthropometry (e.g. reduced stunting &amp; wasting)</b></li> <li><b>Reduced micro-nutrient deficiencies</b></li> <li><b>Increased good practices (e.g. increased breastfeeding)</b></li> <li><b>Increased access to nutritious food</b></li> </ul>			



**SUN country overall progress**

The following table outlines the elements of each stage: it is used as a basis from which country platforms can assess their progress.

<b>STAGE 1 Taking stock</b>	<b>STAGE 2 Preparing for scaling up</b>	<b>STAGE 3 Scaling up rapidly to deliver results</b>	<b>Sustaining impact</b>
<ul style="list-style-type: none"> <li>• Confirming executive-level political endorsement and leadership</li> <li>• Engaging line ministries and multiple stakeholders</li> <li>• Updating or reviewing policies, plans and strategies</li> <li>• Taking stock of alignment between nutrition-specific interventions and nutrition-sensitive programmes</li> <li>• Taking stock of financial resources available and required</li> </ul>	<ul style="list-style-type: none"> <li>• Embedding of active executive-level political leadership</li> <li>• Strengthening of multi-sector/ stakeholder platforms to enhance alignment</li> <li>• Finalising of coherent policy and legal framework</li> <li>• Agreement on a Common Results Framework (CRF) to align nutrition-specific and relevant sectoral programmes</li> <li>• Aligning and mobilising financial resources behind a set of agreed priorities in the CRF</li> </ul>	<ul style="list-style-type: none"> <li>• Championing by executive level political leadership</li> <li>• Functioning and effective multi-sector/stakeholder platform to deliver at scale</li> <li>• Performing coherent policy and legal framework well established</li> <li>• Using the agreed CRF to ensure that nutrition specific interventions and relevant sectoral programmes and systems are nutrition-sensitive</li> <li>• Flowing of financial resources required for agreed gaps based on a functioning financial tracking system</li> </ul>	<ul style="list-style-type: none"> <li>• Enduring executive-level political leadership</li> <li>• Reinforcing high performing platforms to innovate and to effectively work across sectors from national to local</li> <li>• Refining of policy and legal framework to cement cross-sectoral alignment</li> <li>• Intensifying of breadth and scale of nutrition-specific interventions and nutrition-sensitive programmes and systems to ensure equitable coverage</li> <li>• Ensuring no fall off in financial resources</li> </ul>
<p align="center"><b>Common Results Framework increasingly robust and being monitored</b></p>			

### Five examples of how of how SUN country progress stages may be assessed

SUN Country	Indicator 1				Indicator 2				Indicator 3				Indicator 4				SUN Stage
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
Country A	■	■			■	■	■		■	■	■		■	■	■		3
Country B	■	■	■		■	■	■	■	■	■			■	■			2 - 3
Country C	■	■			■	■	■		■	■			■	■			2
Country D	■				■	■			■				■	■			1 - 2
Country E	■				■	■			■				■				1

## SUN STORIES

### Working as a team in Benin

In Benin, more than a third of children suffer from chronic malnutrition, with irreversible consequences both for their lives, and the country's economic development as a whole. That is why Benin decided to put nutrition at the heart of its development policy.

It was clear, however, that no single actor was going to be able to tackle the challenge alone. That is why in November 2007, experts from across Benin – public, private, civil society, local collectives, academics and financial partners – came together in Abomey to chart the way forward.

They forged a common vision which clearly identified obstacles and realistic ways to overcome them. Shortly before this Abomey workshop, a Core Group for Nutrition was established in the Council of Ministers, which helped push the agenda.

Their coalition has reaped impressive results, leading to the launch of a Food and Nutrition Council (CAN) by the Head of State in 2011. Over the past year, representatives from CAN, UNICEF, the World Bank, civil society groups and the Consumer Association have continued to work as a team.

“Several obstacles remain, but there is no doubt that we will overcome our shared challenge,” says Jean Tossa, who is leading Benin's nutrition efforts. “Working together is the key to success. We aren't there yet, but we are on the way.”

## **THE PATH TO NUTRITION SENSITIVITY**

National nutrition policies are often built around specific interventions that have direct consequences for an individual's nutritional status. While these remain essential to improving welfare, there is a growing move to examine policies and strategies that relate to the underlying causes of poor nutrition — such as strategies for agricultural investment, children's education, public health, social protection, and poverty alleviation (e.g. through food for work or guaranteed employment) — to assess what impact they may have on nutrition, and how that may be improved. This is known as improving the nutrition sensitivity of development strategies.

For example, a well-developed agriculture sector may enhance food and nutrition security through increasing people's access to affordable nutritious foods, and the energy and nutrient content of household diets, or indirectly through greater profits to farmers and more cash available for the purchase of food in the home.

Targeted investment in nutrition-sensitive policies can, in the best scenarios, reduce the need for nutrition-specific interventions. The links can also work in reverse: for example, better nutrition and health of farmers increases their agricultural and economic productivity.

## **WOMEN'S EMPOWERMENT IS THE FOUNDATION OF NUTRITION SENSITIVITY**

Women's education and status contribute significantly to reductions in child under-nutrition. Essential elements include:

Equal protection by law (inheritance, land tenure, employment)

Equal opportunities for a better life (education and health)

Equal choices to be self-sufficient (technical, financial and insurance services)

## **KEY STEPS TO NUTRITION SENSITIVITY**

1. Think and plan multi-sectorally but act sectorally
2. Minimise unintended negative consequences and maximise positive impacts
3. Agree on a nutrition-related indicator (or validated proxy indicator) in sectoral programmes

## 2.3 Measuring Nutritional Outcomes

In May 2012, the World Health Assembly endorsed a set of nutrition goals, based on a careful examination of trends in reducing under-nutrition in countries with good programming. The goals demonstrated a desire amongst member states to move beyond the single nutrition indicator in the Millennium Development Goals (prevalence of underweight children under five years of age), and to focus on indicators with the greatest and most persistent impact on later health and wealth.

Countries have also set their own nutrition targets, to reflect their particular situation. While these may not equate exactly to the global goals, countries collectively aim to meet the global goals by 2025. There is no contradiction in a country having its own specific goals and endorsing the global goals.

### WHO GLOBAL NUTRITION GOALS

#### IMPROVED ANTHROPOMETRY

- **40% reduction of the global number of children under five who are stunted by 2025.**
- **30% reduction of low birth weight by 2025.**
- **No increase in childhood overweight by 2025.**
- **Reducing and maintaining childhood wasting to less than 5%.**

#### REDUCED MICRO-NUTRIENT DEFICIENCIES

- **50% reduction of anaemia in women of reproductive age by 2025.**

#### INCREASED GOOD PRACTICES

- **Increase exclusive breastfeeding rates in the first six months up to at least 50% by 2025.**

Over the past five years, almost all countries have conducted at least one national survey, the results of which have been validated and published. National surveys like the Demographic Health Survey (DHS) are recognised by the SUN Movement Secretariat and partners as the primary source of nutrition impact indicators. Countries that have not conducted a survey since 2007 include Kyrgyz Republic and Namibia. Mauritania conducted a Multiple Indicator Cluster Survey (MICS) in 2011 and Benin a DHS at the beginning of 2012; published data will be soon available.

## i) Child stunting

Stunting refers to the condition when a child's height is considered too short for his or her age and is a sign of chronic under-nutrition. The majority of SUN countries have a stunting prevalence of more than 30 per cent; and 13 have a stunting rate of more than 40 per cent. According to the latest survey data, Haiti, Mali, Mauritania and Peru have moved below 30 per cent. Senegal and The Gambia remain within the 20-30 per cent range, despite recent increases in stunting prevalence.

Prevalence of stunting among children under 5 in SUN countries		
Stunting Below 30%	Stunting 30% to below 40%	Stunting 40% and above
Namibia (29%, 2006-07)	Indonesia (36%, 2010)	Madagascar (49%, 2009)
Ghana (28%, 2008)	Sierra Leone (34%, 2010)*	Guatemala (48%, 2008)
Mali (27%, 2010)	Burkina Faso (34%, 2011)*	Niger (47%, 2008)
Senegal (27%, 2011)	Uganda (33%, 2011)	Malawi (47%, 2010)
Peru (24%, 2009)	Zimbabwe (32%, 2010-11)	Zambia (46%, 2007)
The Gambia (23%, 2010)		Ethiopia (44%, 2011)
Haiti (23%, 2011-12)*		Lao PDR (44%, 2006)
Mauritania (18%, 2011)*		Mozambique (44%, 2008)
Kyrgyz Republic (18%, 2005)		Rwanda (44%, 2010)
		Benin (43%, 2006)
		Tanzania (42%, 2010)
		Bangladesh (41%, 2011)
		Nepal (41%, 2011)
		Nigeria (41%, 2008)

Data source: WHO database or published reports from Multiple Indicator Cluster Surveys (MICS), Demographic Health Surveys (DHS) and national surveys using SMART methods. \*Validated national SMART Survey (all figures rounded)

SUN countries vary considerably in their progress in reducing stunting. Eleven countries are likely to continue reducing the number of stunted children if they sustain an annual relative reduction rate greater than 2 per cent. In 2013, there will be an estimated 20 million stunted children across these 11 countries, taking into account the population annual growth and the relative stunting annual reduction rate.

Below 2 per cent, any yearly gain in stunting reduction is offset by the annual population growth rate. Unless there is a sharp increase in the stunting reduction rate, 15 countries in the SUN Movement will continue to be challenged by an increase in the number of stunted children each

year. In 2013, the number of stunted children across these 14 countries is estimated to be around 33 million children.

Countries with an annual stunting reduction rate below 1 per cent and a stunting prevalence above 40 per cent face the highest increase in the number of stunted children, especially where the annual population growth is above 2 per cent. Countries facing this challenge include Benin, Guatemala, Madagascar, Mozambique, Nigeria and Rwanda.

Countries with annual stunting reduction rates significantly above 2 per cent, and a stunting prevalence above 30 per cent, are those most likely to experience yearly decreases in the number of stunted children - especially when their population growth is below 2 per cent. Countries in this category are Bangladesh, Nepal and Zimbabwe. The WHO target is 3.9 per cent relative reduction of stunting per year between 2012 and 2025.

<b>Estimated number of stunted children in 2013</b> (based on annual reduction rate and annual population growth)		
<b>Annual reduction rate from 2% and above</b>	<b>Annual reduction rate below 2%</b>	
	<b>From 1% to below 2%</b>	<b>Annual reduction rate below 1%</b>
Mauritania: 102,900 (6.7%) Ghana: 825,324 (4.9%) Mali: 748,819 (4.5%) Bangladesh: 5,844,978 (3.1%) Nepal: 1,419,282 (3.3%) Burkina Faso: 858,913 (3.4%) Uganda: 2,205,813 (3.0%) Peru: 649,317 (2.6%) Ethiopia: 5,317,848 (2.5%) Zambia: 1,046,156 (2.3%) Zimbabwe: 517,460 (2.3%)	Haiti: 285,313 (1.8%) Indonesia: 7,966,254 (1.6%) Malawi: 1,339,026 (1.4%) Niger: 1,504,296 (1.3%) Sierra Leone: 373,427 (1.3%) Tanzania: 3,555,603 (1.1%)	Guatemala: 1,072,627 (0.9%) Senegal: 599,069 (0.8%) Nigeria: 11,319,646 (0.7%) Mozambique: 1,758,058 (0.6%) Rwanda: 864,201 (0.6%) Namibia: 86,458 (0.2%) Lao PDR: 336,844 (0.2%) The Gambia: 86,804 (0.09%) Madagascar: 1,761,188 (0.04%) Benin: 803,676 (-1.9%)
<b>Total: 19,528,151</b>	<b>Total: 33,712,490</b>	

Data source: WHO database or published reports from Multiple Indicator Cluster Surveys (MICS), Demographic Health Surveys (DHS) and national surveys using SMART methods

## ii) Child wasting

Wasting refers to a child whose weight is too low for his or her height, and is an indicator of acute malnutrition. It is sensitive to sudden changes such as droughts, food price increases and instability. The WHO global target calls for countries to reduce and maintain childhood wasting at less than 5 per cent.

Nine countries in the SUN Movement indicate a wasting prevalence below 5 per cent in their latest national survey, but only Guatemala, Peru and Tanzania have been consistently on target since 2000. Another nine countries report a wasting prevalence above 10 per cent, with the highest prevalence in Bangladesh, Indonesia and Nigeria. Burkina Faso, Ethiopia, Mauritania, Mozambique, Rwanda and to some extent Malawi and Sierra Leone have been able to consistently reduce wasting prevalence since 2000.

Based on the most recent childhood wasting prevalence, the SUN countries with the highest number of wasted children are Nigeria with about 3.8 million, Indonesia with about 3 million, Bangladesh with 2.5 million, Ethiopia with 1.2 million and Madagascar with half a million children. Collectively these countries account for around 11 million children, or two-thirds of the 15 million children estimated to be wasted across countries in the SUN Movement.

Prevalence of wasting among children under 5 in SUN countries		
Wasting Below 5%	Wasting From 5% to below 10%	Wasting From 10% and above
Tanzania (4.9%, 2010)	Senegal (9.8%, 2011)	Bangladesh (17.5%, 2011)
Mozambique (4.2%, 2008)	Mali (8.9%, 2010)	Madagascar (15.2%, 2004)
Haiti (4.1%, 2011-12)*	Ghana (8.7%, 2008)	Nigeria (14.4%, 2008)
Malawi (4%, 2010)	Benin (8.4%, 2006)	Indonesia (13.3%, 2010)
Kyrgyz Republic (3.4%, 2005)	Namibia (7.5%, 2006-07)	Niger (12.4%, 2006)
Zimbabwe (3.1%, 2010-11)	The Gambia (7.4%, 2006)	Nepal (11.2%, 2011)
Rwanda (3%, 2010)	Lao PDR (7.3%, 2006)	Mauritania (10.7%, 2011)*
Guatemala (1.1%, 2008)	Sierra Leone (6.9%, 2010)*	Burkina Faso (10.2%, 2010)*
Peru (0.6%, 2009)	Zambia (5.6%, 2007)	Ethiopia (10.1%, 2011)
	Uganda (5%, 2006)	

Data source: WHO database or published reports from Multiple Indicator Cluster Surveys (MICS), Demographic Health Surveys (DHS) and national surveys using SMART methods. \*Validated national SMART Survey; all figures rounded.

## PERSPECTIVES

### Going beyond the treatment of severe acute malnutrition

— by Marie-Pierre Allié

Despite the fact that severe wasting is known to be the most lethal and complicated form of malnutrition, it still affects more than 20 million children worldwide, in both stable and unstable countries.

There have been, however, considerable advances made with regard to treatment options in the field, and over the past decade the development of home-based models of care has made it possible to scale up treatment in ways that were unimaginable in years past. In 2010, for instance, Niger treated some 300,000 children for malnutrition — more than were treated in any one year in the entire world through the late 20th century.

But we should not be satisfied with models that only offer adequate nutritional support to toddlers after they have already entered into a dire nutritional state. That fails to address crucial aspects of both the causes and consequences of malnutrition. As some Latin American countries have shown, if the goal is to reduce childhood malnutrition — and thus reduce child mortality — we need both to take measures that have an impact on the nutritional situation of children, and to understand that these measures should be one piece of more considered and comprehensive health packages tailored to the most vulnerable segments of a given population.

The good news is that we can now use highly nutritious foods and supplements containing milk and the right balance of essential micronutrients to support the nutrition of children in the all-important early stages of development. However, we still need to increase access to these products and to combine them with other essential health services, such as immunization and treatment and prevention efforts for diseases such as malaria, diarrhoea, and pneumonia. The challenge of the years ahead is finding ways to ensure systems of delivery that actually work in the countries in which they are employed and to find an economic model that can enable and sustain them.



### **iii) Exclusive breastfeeding of infants up to six months**

According to WHO (2012), the global average rate of exclusive breastfeeding among children aged 0-6 months was estimated to be 37 per cent for the period 2006-2010. The WHO target calls for countries to increase exclusive breastfeeding rates in the first six months to at least 50 per cent by 2025. This would involve a 2.3 per cent relative increase per year.

Based on the latest surveys, the average rate of exclusive breastfeeding in the first six months across the countries in the SUN Movement is 42 per cent. Rwanda has the highest prevalence (85 per cent) followed by Ghana, Nepal, Peru, Uganda and Zambia in the 60-70 per cent range, and Ethiopia, Madagascar and Tanzania in the 50-60 per cent range. Countries with a low exclusive breastfeeding rate include Mauritania and Namibia (20 per cent range), Burkina Faso and Nigeria (15 per cent) and Niger (10 per cent).

There has been an increase in half of SUN Movement countries, most significantly in Malawi (up to 71 per cent), The Gambia, Haiti, Mali, Niger, Tanzania, Zambia and Zimbabwe. However, the trend shows significant variation over time in many countries. The 2009 data show that, in Madagascar, the rate of exclusive breastfeeding has fallen to 51 per cent, after a rapid increase from 41 per cent in 2000 to 67 per cent 2004. In Nepal, on the contrary, the 2011 data show that the exclusive breastfeeding prevalence has risen to 70 per cent, after a rapid decrease from 68 per cent in 2001 to 53 per cent in 2006.

## SUN STORIES

### Fortifying flour in Kyrgyzstan

Back in the late 1990s Chynybai Tursunbekov was one of the first millers to fortify flour in Kyrgyzstan – a proven method of ensuring mothers and young children get the micronutrients necessary to stop anaemia and vitamin deficiencies. As such, he became a strong supporter of a countrywide flour fortification law, and a decade later, the first step was taken: a 2009 law obliging millers to fortify primary and first grade flour from Government reserves.

Today Chynybai Tursunbekov is a parliamentarian, and is backing a more comprehensive law. Meanwhile, his successor at the mill, Nurjan Tentimishova, continues to fortify flour, driven by her company's mission: "The joy of a healthy life." She sees flour fortification as her social responsibility – a contribution to the health and welfare of the people of Kyrgyzstan.

In the years since the law was passed, 30 mills have now been given technical assistance to fortify flour, and the millers' association has rallied behind the initiative. Unfortunately, in 2012, progress came to a halt due to an in-country shortage of the raw materials to fortify flour. That shortage, which is expected to end in September 2012, serves as a reminder that many moving parts are required for an effective nutrition policy. Once the shortage is resolved, Kyrgyzstan's millers are well prepared to move to the next stage.

## CHAPTER 3 - GLOBAL PROGRESS

### A new model of stewardship

The number of SUN countries has continued to expand quickly over the past year, from 19 at the time of the last report, to 28 in September 2012. This was matched by a steady increase in the number of stakeholders involved in each country.

To keep pace with its increasing scope, a stewardship study was prepared for the September 2011 high-level meeting, which canvassed more than 150 people.

In November 2011, a stewardship model was adopted which proposed a multi-stakeholder mechanism as the best option for steering the SUN Movement. It called for the creation of a high-level Lead Group, a number of task-focused networks (replacing a previous system of task forces), a system of well-connected SUN 'champions' to drive change in each country, and for a secretariat to be established to facilitate the work of the Lead Group, coordinate country Focal Points, and facilitate the sharing of best practice and knowledge amongst SUN members. These structures have taken form over the course of 2012.

It was decided to anchor the SUN Movement in the office of UN Secretary-General, a decision which endowed legitimacy on its innovative organizational approach. In April 2012, 27 leaders (see Annex) from a wide variety of backgrounds were appointed to the Lead Group, to provide high-level backing and vision for the way ahead. This group held its first meeting in April, and participated in a series of strategy discussions in June 2012. Their outcome is reflected in the SUN strategy document prepared for September 2012.

***"We have never had as much knowledge, evidence, political will and grassroots engagement to make malnutrition history."***

Tom Arnold,  
Concern Worldwide CEO,  
May 2012

## From road map to strategic framework

To inform the SUN Movement's strategic thinking, the Lead Group focused on seven key areas, and will continue to ensure SUN takes them into account in future developments.

### i) Building a robust results and accountability framework

Mutual accountability is a core principle that ties the SUN Movement together. To achieve that, a clear framework is needed by which to measure performance. Chapter 2 describes the steps being taken by SUN countries to track performance in four essential areas, but also highlights the degree to which work is still needed in some of the more difficult areas, such as establishing a clear nutrition-sensitive financial tracking mechanism. Crucial to ensuring accountability will be access to information by stakeholders.

### ii) Sharing best practices

The sharing of best practice between SUN members - both within nations, and between countries and regions - will be essential to understanding how scaling up nutrition is successful under real conditions. The SUN Movement will facilitate this sharing by convening regular teleconference calls between SUN Focal Points, and arranging SUN global meetings. A revamped SUN website will be launched in September 2012, with space for countries to upload their own examples of progress. Academics and practitioners are forming a SUN task group that will facilitate the dissemination of new evidence for nutrition programming and policy.

*"Improving access to food does not automatically lead to improved nutrition. Neither does raising incomes nor creating new markets. What leads to improved nutrition is focusing on nutrition itself and integrating it into all our food security initiatives."*

Hillary Clinton,  
US Secretary of State,  
May 2012

One example of sharing best practices is the South-South Peer Review Initiative, through the West African Health Organisation and supported by the World Bank. This initiative currently involves 3 countries – Senegal, Ghana and The Gambia - and offers the opportunity to review each other's policies and programmes, including finances and coordination.

### iii) Establishing the investment case

Making a strong case for investing in nutrition is critical to engage a wider range of political leaders, and to ensure the commitment of increased resources by Governments and other stakeholders. It is also essential as a means of attracting the political attention of finance ministers, who hold the all-important purse strings.

In 2012, the UN Economic Commission for Africa, supported by the African Union, began an initiative, on the back of its Cost of Hunger in Africa study published in March 2012, to help African finance ministries understand and factor into national budgets the price of under-nutrition. In four pilot countries (Uganda, Ethiopia, Swaziland and Egypt) it will help Governments estimate the cost of extra health care, school dropouts, loss of wages and lower productivity. While these studies alone will not be enough to guarantee change, they bring ministers of finance to the nutrition table, and underline the right of people to nutrition and food security.

**iv) Tracking financial investments in nutrition**

In all areas of work, stakeholders need sound systems to assess the level of financial investment in nutrition, and to best determine where future resources should be concentrated. This is easier said than done - most budget lines do not typically focus upon nutrition as a goal, even though many will have consequences for nutrition. A number of studies, such as one undertaken by the international non-governmental organization Action Contre la Faim (ACF), have estimated from available sources of information that funding on nutrition is severely inadequate. But more work is needed to understand and develop consistent ways of measuring funding flows. The SUN donor network started to work on this in 2012, and will continue over the coming year.

**v) Emphasizing gender and promoting women’s empowerment**

Unless women have the wherewithal to make the right decisions for their wellbeing, and that of their families, the cycle of under-nutrition will never be broken. Empowering women in the home and workplace, whether rural or urban, also makes good economic sense. That is why SUN members undertake to show their commitment to women’s empowerment in all policy and programming decisions - not only those traditionally associated with women.

*“Ensuring a child receives adequate nutrition during (the 1,000-day) window can yield dividends for a lifetime, as a well-nourished child will perform better in school, more effectively fight off disease and even earn more as an adult.”*

Rajiv Shah, USAID Administrator, May 2012

The contribution of women to nutritional outcomes goes well beyond their reproductive roles. Determinants of under-nutrition include women being unable to access nutritious food both within society and the household, as well as being unable to access effective health care, adequate water and functional sanitation. They also include women having insufficient time to provide sufficient care to their children, because of other demands. Gendered analysis is necessary for a full appreciation both of the determinants of under-nutrition and the potential impact of different interventions on women’s empowerment.

## PERSPECTIVES

### **Empowering women – by Mary Robinson**

Under-nutrition hits the poorest the hardest, especially women and children. This is why addressing the gender dimension of under-nutrition is critically important. Women's empowerment can have a transformative effect on families and communities, but in order to capitalise on this transformational effect the social, cultural, economic and political barriers that hold women back must be eliminated.

Women's capacity to address health and nutrition risks resulting from climate change must be enhanced. This involves improving women's access to land, education and training, information, technologies, credit, social protection, decision-making and income-earning ability. We need to move from the aspirational to the operational, with concrete action taken to address the known barriers to women's empowerment and gender equality. Unless this happens, under-nutrition, one of the world's most serious socio-economic and health problems, will not be effectively addressed.

We know that the empowerment of women could raise their farm productivity by 20-30 per cent, increase national agricultural output by 2.5 to 4 per cent, and lift 100-150 million people out of hunger. Statistics are important, and this data highlights the need for further sound analysis to inform appropriate action.

My vision on the way forward is for a mindset breakthrough that recognises the gender dimension and women's empowerment as core elements in addressing under-nutrition. If we do not empower women to take control over their lives and develop self-reliance, we will continue to ignore and undervalue the contribution of half the population.

Such interventions would enable women to access nutritious diets, contribute to their economic independence and livelihoods, and ensure that they have equal opportunities to own land and access markets. Different stakeholders within the SUN Movement will play an important role in sharing examples of actions that address the gender dimension of Scaling Up Nutrition.

#### **vi) Advocacy and communication**

Despite the rapid rise of nutrition on the international agenda, the work is far from done. Translating commitments into results will need a sustained advocacy push at all levels. This will entail cohesive and consistent messaging, and defining expectations for all stakeholders. In 2012, SUN continued to act as a catalyst and facilitator, helping coordinate action with other initiatives such as the 1,000 Days campaign.

#### **vii) Gathering around the SUN principles**

At all levels, SUN members must continue to act in accordance with a defined set of principles of engagement. Each network and country will determine its own priorities, but globally all Movement members are committed to working together, to share information, and to hold each other accountable.

***“We have a chance to give millions of the world’s poorest children a better start to life. Government, businesses and NGOs must now work in partnership to improve nutrition for the world’s poorest people.”***

Andrew Mitchell,  
UK International Development  
Secretary, August 2012

## SUN and other global nutrition initiatives

In 2012, nutrition entered the mainstream of political discourse and was firmly embedded within a number of new international initiatives. In May, the G8, the African Union, the New Partnership for Africa's Development (NEPAD) and the Comprehensive Africa Agriculture Development Programme (CAADP) launched the 'New Alliance for Food Security and Nutrition;' the G20 in Los Cabos

highlighted the role of Scaling Up Nutrition; and in June, at the Rio+20 Conference on Sustainable Development, UN Secretary-General Ban Ki-moon launched a Zero Hunger Challenge that specifically included elimination of stunting as an aspirational goal.

*"In the past, there was an almost complete lack of concern for the hunger which poor people all over the world were subjected to. Little by little we came to realize the harm that hunger causes, restricting human development. It is with this new perspective in mind that countries have come together in London in this commendable initiative to search for ways to fight hunger."*

Michel Temer,  
Vice-President of Brazil,  
August 2012

A 'Hunger Event' during the 2012 Olympic Games in London, hosted by UK Prime Minister David Cameron and Brazilian Vice President Michel Temer, highlighted SUN's achievements, and brought together representatives from Governments, NGOs, businesses and sporting celebrities to urge decisive action on nutrition before the 2016 Games in Rio.

These and other initiatives bring renewed support for SUN and are key to mobilizing greater resources and commitment to accelerate the reduction of under-nutrition globally.





## THE RIGHT TO FOOD

A significant landmark was achieved in 2012 with the passage of the UN Human Rights Council's most recent Right to Food Resolution. This text captures food and nutrition security to an extent not previously achieved, and enshrines many of the key SUN principles.

The Resolution is important in that it brings SUN principles to a wider UN audience, and could serve as a useful advocacy tool to bring more countries to the SUN table. In particular, the Resolution calls on states and relevant international organizations to:

- combat different forms of malnutrition as a means to realise the right to adequate food, including if appropriate by adopting a national strategy in this regard,
- take measures to support programmes aimed at combating the irreversible effects of chronic under-nutrition in early childhood, in particular by targeting the first 1,000 days of a child's life,
- support national plans and programmes to improve nutrition in poor households, in particular those aimed at combating under-nutrition in mothers and children and those targeting the irreversible effects of chronic undernutrition in early childhood.

## PERSPECTIVES

### **Why social movements need to take part in a shared political space — Alessandra da Costa Lunas**

In Latin America, the distribution of wealth – and therefore food – is extremely unequal, and those of us who work the land and produce the food regularly experience hunger and discrimination. That is why we are most interested in having shared political spaces, where we can discuss and propose policies for food security and food sovereignty with our Governments, with international development organizations such as IFAD and FAO.

In COPROFAM\*, where I come from, we are promoting dialogue and joint work between civil society groups and decision makers on the right to food. We are involved in Brazil's National Council for Food Security and Sovereignty, and MERCOSUR's Special Meetings on Family Farming, to define long-term policies that help family-based agriculture, and improve the quality of food for all our peoples – our children, our adolescents and our people.

For us, establishing and participating in these shared spaces is a form of participatory democracy, where we can share information and knowledge, and discuss how to increase State investment in peasant and family farming. We need to find ways to prioritise this type of agriculture in chains of commerce, adapt to climate change, and achieve transparency and competition in agro-food markets.

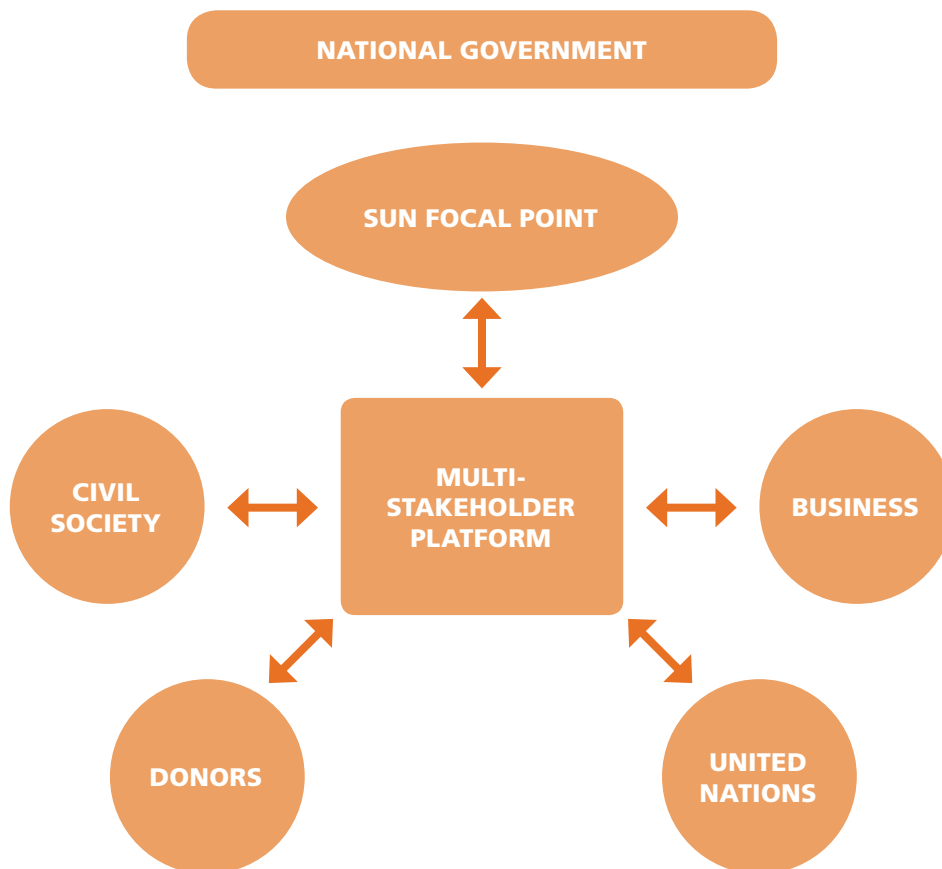
\* COPROFAM – Confederation of Peasants and Family Producers in Mercosur; integrated with national confederations in Argentina, Bolivia, Brazil, Chile, Ecuador, Paraguay, Peru and Uruguay

# CHAPTER 4 - BUILDING SUN NETWORKS

## From task forces to networks

Broadening the base for nutrition is fundamental to the SUN Movement. During 2011-2012, SUN launched five networks to help like-minded actors find more effective ways of working with each other - nationally and globally. The networks were born of six pre-existing 'task forces,' and during the past year focused on defining their membership and mission.

### SUN Movement Networks at Country Level



Each network has a unique character. Some are more exploratory in nature, such as the business network - a relative newcomer to the nutrition movement - and some are better established, such as the donor network, which has done considerable work to align funding activities.

The strength of each network varies from country to country. What they all share is a commitment to uniting against under-nutrition, and finding ways to cooperate across disciplines and sectors.

### **i) Country Network**

The Country Network, made up of national Focal Points, forms the heart of the SUN Movement. Senior officials in their respective Governments, the Focal Points are the Movement's national champions - and will be instrumental to its success.

They share a passion for the mission and a longstanding commitment to the cause. They are energetic, influential, and know how to get things done. The Focal Points sit at the centre of a web of national movers and shakers - social super-connectors, who have earned the respect of Government officials, social activists, private business people and international donors alike.

For many, 2011-2012 was a transformational year, in which they moved from an often under-appreciated struggle to get nutrition on the agenda, to joining an international web of campaigners, with high-level national support and global recognition.

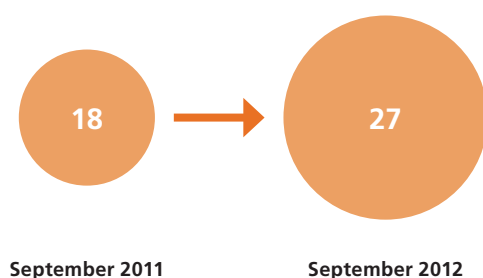
This helped participants grow in confidence and increased their convening power. Network teleconferences that used to feature one person per country now comprise several actors, increasingly willing to engage in substantive discussion.

Nationally, the Focal Points have played a catalysing role in establishing multi-stakeholder platforms, and have led the process of collating and analysing information for the SUN country reports. This information is central to the analysis presented in Chapter 2.

Internationally, the SUN country network holds regular conference calls, split into three groups: Asia, East Africa and Latin America, and West and Central Africa. This has fostered cross-fertilisation

within regions and between continents. West African members, for example, actively assist each other with guidance and comments - engendering a collegiate atmosphere that has helped bolster cooperation in the response to the 2012 Sahel nutrition crisis. The SUN Secretariat and the UN's Standing Committee on Nutrition Secretariat provided logistical support to these meetings, setting up calls and facilitating information requests.

### **Sun National Focal Points**



The challenge ahead will be to find mechanisms to support SUN countries in accessing the information they need. As their scope and ambition grows, so will demands for case studies and best practices. Another challenge will be to facilitate exchanges across time zones in multiple languages. Effective support for South-South cooperation requires resources.

## **ii) Civil Society Network**

Civil society organizations (CSOs) have worked on nutrition for decades, often in the face of official scepticism. Over the years, CSOs have played an essential role as watchdogs, communicators, advocates, data collectors and implementers. The SUN Movement owes a profound debt to those whose perseverance kept nutrition on the agenda.

The wide membership and perceived legitimacy of CSOs (whether through expert authority, or popular support) is an important source of power and influence for the SUN Movement. They tend to be well organized vertically (up and down command chains), but sometimes need assistance to organize horizontally (across different disciplines and sectors.)

Funding remains a challenge across the board. Nationally, many participants report a lack of progress in securing donor assistance. In May 2012, a proposal was put forward to fund SUN civil society networks in 11 countries, with close to 300 participating organizations. The proposal estimates a need for US \$10.5m over 3 years, both for national activities and the formation of a small international team. The funding would help set up a new nutrition alliance, or to consolidate a pre-existing one. A multi-donor fund has been established by DFID, Irish Aid and Swiss cooperation through which civil society organizations can be supported via international organizations that participate in the MPTF. It is due to make its first disbursements in August 2012.

Civil society networks vary considerably by country. In Tanzania, for example, more than 90 groups formally launched a Partnership for Nutrition (PANITA) in 2011, and its membership has more than doubled since then. Other countries, such as Bangladesh, have a vibrant civil society, active on nutrition issues, and now seek to establish inclusive coordination mechanisms. For them, 2011-2012 was a year of consolidation and strengthening. In some other countries, such as Guatemala, Mozambique and Niger, CSOs face significant resourcing challenges.

## **BUSINESS NETWORK ELIGIBILITY CRITERIA**

- **Demonstrated corporate responsibility and leadership in the community**
- **Record of socially-responsible behavior or commitment to development-related causes, including nutrition**
- **Responsible labour practices**

In almost all countries, however, Movements for Scaling Up Nutrition have made progress in bringing civil society advocates to the decision-making table both nationally and at district and provincial level.

A number of civil society networks have initiated high-profile SUN launch events, such as Bangladesh and Ghana, and have worked hard to persuade Governments to commit to scaling up nutrition and join the SUN Movement.

### **iii) Business Network**

As part of the broader multi-stakeholder nutrition process, engagement with the business community can effectively support the SUN Movement and national efforts to scale up nutrition. In the framework of a public-private response, and in support of public institutions, the private sector can bring its comparative advantages to effectively contribute to the development and implementation of national policies and plans on nutrition. The development of effective business networks, both nationally and globally, is one of the SUN core objectives, but remains a work in progress. A meeting of business leaders is scheduled later in 2012 to chart the way forward.

Nutrition advocates have been successful in raising concerns and demanding legislation to control harmful business practices such as the marketing of breast-milk substitutes in resource poor environments.

The SUN business network seeks to encourage only those actions which contribute to empowering women and children for better nutrition. It aims to find ways to harness expertise in developing pro-nutrition products, such as fortified foods, quality control, distribution, research, IT, marketing and other business activities. Nutrition-friendly workplace practices - such as mother-child friendly environments and maternity leave - will also play an important part in addressing nutrition.

## **PERSPECTIVES**

### **The power of business to improve nutrition – by Paul Polman**

To date, nutrition interventions have largely focused on public health systems, while persistent market failures and demand-side constraints have discouraged many, including businesses, from investing in developments along the food chain.

To make a difference, Government, business and society need to develop new models that consider what can be done to provide solutions that address under-nutrition.

Business, for instance, can provide solutions to improve access to nutritious foods for all, by investing in sustainable agriculture, improving the livelihoods of smallholder farmers, assisting with the reduction of food waste, and developing and marketing nutritious foods that meet consumer needs.

I believe that if we all play our part we can bring about a sustainable future that eliminates hunger and malnutrition.

The SUN business network builds on the work of the 2010-2011 18-member SUN business Task Force, which created a toolkit for Private Sector Engagement. The Global Alliance for Improved Nutrition (GAIN), which works with 600 companies in 30 countries, is galvanising the development of this new network.

Significant challenges lie ahead. The network needs to identify roles that business can play and gaps it can fill in ways that contribute to the collective purpose of the SUN Movement's stakeholders. When members of the network are contributing to the movement's purpose they will seek funds from bilateral donors and independent foundations rather than from the private sector. To spur business collaboration, the Dutch Government has launched a €60 million public-private partnership fund for Sustainable Entrepreneurship and Food Security. It closed its first call on June 11, and received over 120 proposals. The network is encouraging other donors to follow suit.

Within SUN countries there is a variety of different approaches through which government entities and other stakeholders work with businesses for improvements in people's nutrition. Malawi's Valid Nutrition manufactures fortified pastes for the treatment and prevention of malnutrition, and has partnered with a range of NGOs to ensure that these products are marketed appropriately. Different SUN country platforms are establishing clear principles for businesses to engage in the Scaling Up Nutrition SUN Movement. They are supported by the SUN business network and SUN Movement Secretariat - which advises that manufacturers of infant formula whose current marketing practices have been shown to violate the International Code for the Marketing of Breast-milk Substitutes should be excluded.

#### **iv) Donor Network**

The Donor Network is a well-established SUN Movement network, and has made significant progress both in appointing national conveners, and in working together at a global level.

Globally there are 34 participants from a range of donor countries, international organizations and private foundations who take part in joint calls every three weeks (more often before high-profile events).

Their priorities include:

- Establishing indicators to monitor donor behaviour. These have now been established, and will be piloted shortly in two to four countries.
- Finding methods to better track funding for nutrition-specific and nutrition-sensitive programmes. This is being done in conjunction with the OECD Development Assistance Committee, but is proving difficult. The current approach is to highlight finances in a small group of SUN countries, and to compare the situations in 2011 and 2012.
- Reaching out to a wider group of donors. This had mixed success, but more are getting involved, including Australia, Denmark, the Netherlands and Norway.
- Influencing international fora. This included high-level pronouncements on nutrition in G8, G20, Rio+20, the establishment of new nutrition strategies by WHO and FAO, and the agreement of targets at the World Health Assembly in May 2012.

#### **PRINCIPLES OF DONOR PARTICIPATION\***

- **Strengthening Country Ownership and Leadership**
- **Focusing on Results**
- **Adopting a Multi-Sectoral Approach**
- **Focusing on Effectiveness**
- **Fostering Collaboration and Inclusion**
- **Promoting Accountability**

\* Developed at the first SUN Senior Officials meeting hosted by CIDA in Canada.



Donor convenors have been appointed in 19 of the 28 SUN countries, and are drawn from Canada, the EC, Ireland, Switzerland, the UK, the US, and the World Bank. There is an effort to broaden this group, and to identify convenors for the missing countries.

Some national donor networks have shown more progress than others. In Zambia, for example, the network has worked with other members of the national platform to establish a fully costed 1,000-day action plan, and a pooled fund.

An abiding challenge at all levels is to overcome the fragmentation of actors whose activities have a nutritional component. Even in the same development assistance ministries, the worlds of health, agriculture, or humanitarian aid remain separate, and communication is limited. Different donors have had different levels of success in overcoming this.

**v) United Nations Network**

The work of many United Nations agencies and other international organizations, funds and programmes has a direct bearing on nutrition, both at the policy and norm-setting level, and through direct interventions on the ground.

Over the past 5 years UN agencies have made efforts to act in greater harmony, under the philosophy of ‘Delivering as One.’ Results have been mixed, but the UN’s largest donors are stressing the need for improved coordination.

<b>DONOR CONVENERS</b>	
<b>BANGLADESH</b>	World Bank US
<b>BENIN</b>	World Bank
<b>BURKINA FASO</b>	World Bank
<b>ETHIOPIA</b>	World Bank US To be confirmed
<b>GHANA</b>	US
<b>GUATEMALA</b>	World Bank
<b>KYRGYZ REP.</b>	World Bank
<b>LAO PDR</b>	EC
<b>MALAWI</b>	Ireland US
<b>MALI</b>	Canada
<b>MOZAMBIQUE</b>	Denmark
<b>NEPAL</b>	World Bank
<b>NIGER</b>	EC
<b>PERU</b>	World Bank
<b>SENEGAL</b>	World Bank
<b>TANZANIA</b>	Ireland US
<b>UGANDA</b>	US
<b>ZAMBIA</b>	UK
<b>ZIMBABWE</b>	Switzerland
<b>Total Donor Conveners: 19</b>	

## THE REACH INITIATIVE

**At the country level, a consortium of agencies (UNICEF, WFP, FAO and WHO, supported by IFAD) have since 2008 developed a country-driven initiative called REACH, which works with national Governments and other stakeholders to support nutrition policies, in-country nutrition platforms, multi-sectoral strategies and common results frameworks. REACH's Rome-based Secretariat provided substantial technical and logistical support to the SUN country network, as well as other global activities. As the initiative expands to as many as 16 countries, this relationship will continue to evolve.**

***“Investing in this most basic partnership of all - between a mother and her child - is the first and best step in ensuring healthy children, prosperous families and strong communities.”***

Carolyn Miles,  
Save the Children CEO,  
May 2012

The field of nutrition has seen a variety of specific efforts to harmonise activities by the UN system and other international organizations. The UN system's Standing Committee on Nutrition, established in 1977 by ECOSOC, promotes good nutrition at the international policy level. Over the past 35 years it has undergone several reviews, most recently in 2010. Currently the SCN brings together four UN agencies - UNICEF, WFP, FAO and WHO - and other key UN agencies and international organizations contribute to it (IAEA, Bioversity, UNDESA, UNHCR). The SCN has started to broaden its network and advocate for an increased number of actively-engaged UN agencies in the SUN Movement.

The SCN has played an instrumental role in setting up the SUN country network and maintaining its regular teleconference calls, supporting country Focal Points, and brokering information requests. It helped push the nutrition agenda on the international stage, including the World Health Assembly and the Committee on World Food Security. It also brought the SUN perspective to a new WHO Global Information System for Nutrition Action (GINA). The SCN Secretariat provided continued support to the SUN Movement Secretariat, including the provision of information on country nutrition indicators.

The UN jointly supports national priorities and needs in a number of countries. UN Agencies provide support on the identification of effective programmes and policies, good practice in programme implementation, surveillance frameworks, capacity development and on the implementation of key nutrition actions. WHO and UNICEF held regional meetings to revisit country strategies with an eye to nutrition, and several FAO regional meetings focused on nutrition-sensitive agriculture. Several WFP regional bureau meetings included sections on engagement with SUN. In an increasing number of countries, UN agencies are coming together within SUN platforms to harmonise their approach to nutrition.

## Other stakeholder groups

Alongside the five established networks, cross-cutting task teams are being established within the SUN Secretariat to lend their specific expertise to the rest of the SUN Movement. The first – on advocacy and communications – is established.

### **a) Advocacy and Communications**

Effective advocacy and communications are crucial to convince societies to focus on nutrition. While each SUN network has its own advocacy and communication focus, there is a need for specialists to support their work with advocacy materials, coordinated messages, and the sharing of best practice.

Until September 2011, SUN's Advocacy and Communications Task Force came together around key events such as the September 2011 High Level Meeting on Nutrition in New York, and the January 2012 Annual Meeting of the World Economic Forum. Their audience was both external and internal to their own organizations.

In 2012, a Task Team, called SUN ACT, has been created to continue this work, both internationally and at country level, with the intention of sustaining transparency within the SUN Movement. With a base in the SUN Secretariat, its purpose is to ensure clear and reliable communications within and beyond the SUN Movement. It focuses on why investment in nutrition is necessary, on the importance of nutrition for sustained national social and economic development, and on the results being achieved within SUN countries.

The emphasis of in-country advocacy is the engagement of a broad range of actors across multiple sectors, building support for sustained mobilisation of funding through unambiguous demonstrations of progress. Globally, SUN ACT taps into the existing strengths and resources of stakeholders within the Movement, ensuring consistent and credible engagement in high-profile events.

**b) Knowledge and Research** task teams are being formed, with the specific purpose of sharing and building nutrition capacity within SUN countries - specifically

- in the development of agriculture and food systems,
- in health services, to ensure optimal treatment for persons with acute malnutrition.

*“The world will be changed forever if every child is well-nourished during their 1,000-day window of opportunity.”*

David Nabarro,  
UNSG Special Representative  
for Food Security,  
January 2012

**A task team for Tracking of funds invested in nutrition** is being established so that SUN countries are better able to assess whether investments in specific nutrition actions and nutrition-sensitive development are on the rise.

**A task team on Validation of results** will be created for enabling SUN countries to guarantee the robustness of their data collection systems and benefit from a consistent approach to the measurement of SUN progress and the impact of their efforts.

## CHAPTER 5 - THE WAY FORWARD

### Keeping the momentum

SUN's second year proved that the energy around its launch was not a one-off event. The political momentum accelerated throughout 2011 and 2012, attracting a growing number of supporters in an increasing number of countries. International leaders have recognised the critical importance of investing in nutrition to ensure our future global health and wealth, and as a means of building resilience in times of climatic and economic turbulence. But continued momentum cannot be taken for granted. It will need careful nurturing, both through consistent advocacy and messaging, but most importantly by proving that the SUN approach is working.

### Demonstrating achievements

Moving into 2013 and beyond, demonstrating achievements will increasingly become a focus of countries in the SUN Movement. It would be helpful if national authorities could indicate the extent to which actions supported through the Movement have helped them achieve measurable reductions in stunting, wasting and other indicators of under-nutrition. National leaders – including Ministers of Finance – together with those who provide external resources (donors, development banks and foundations) – expect to see clear demonstration of what is being achieved, in terms of progress and impact.

Stimulating effective action and achievements around nutrition is a long-term project. Those engaged in the SUN Movement understand the importance of managing their expectations as they focus on supporting countries to undertake time-consuming tasks critical for sustainability – such as building multi-stakeholder platforms, establishing common strategies and organizing both programmes and future investments around agreed frameworks for results.

## Achieving results

The new SUN strategy is central to achieving results, but its adoption by the Lead Group is far from the end of the story. The strategy will only acquire meaning in its application in each SUN country - and that will require the maintenance of support and consensus amongst all SUN stakeholders.

As nutrition starts to scale up, the difficulties of maintaining consensus are likely to increase. As new sources of financing are identified, debate is likely to grow over where those finances should be focused. And as the SUN Networks grow, new tensions may emerge between different stakeholder groups.

Meanwhile, as SUN's global scope grows, so will demands for validation of information and effective knowledge management. The new SUN Task Groups will help to that end, but ultimately the needs will only be met by spontaneous cooperation between participating countries and organizations. This will not always be easy, but it is the only sound basis for sustainably scaling up nutrition.

Despite these challenges, the pace of progress in 2012 bodes well for the future. The road will be hard, but under-nutrition is finally getting the attention it demands. The political will is there, and the evidence for effective action is coming in. That is already an historic achievement.

# ANNEXES



**ANNEX 1:****Implementation of Breast-Milk Substitute International Code of Marketing**

SUN country	Legislation status of the Code	Scope of the Code	Implementation & Monitoring Mechanism
Bangladesh	Many provisions into law	0-24 months	Not functioning
Benin	Fully into law	0-12 months	Fully functioning
Burkina Faso	Fully into law		
Ethiopia	Few provisions into law		<i>(new law tabled)*</i>
The Gambia	Fully into law		
Ghana	Fully into law	No age limit	Fully functioning
Guatemala	Fully into law		Fully functioning
Haiti	Drafted measures awaiting final approval		
Indonesia	Many provisions into law		
Kyrgyz Rep.	Many provisions into law		
Lao PDR	Many provisions into law		<i>(new law tabled)*</i>
Madagascar	Fully into law	0-6 months	Partially functioning
Malawi	Many provisions into law		
Mali	Many provisions into law		
Mauritania	Still being studied		
Mozambique	Fully into law	0-36 months	Partially -> Fully functioning
Namibia	Drafted measures awaiting final approval		
Nepal	Fully into law		Not functioning
Niger	Many provisions into law	0-60 months	Fully functioning
Nigeria	Many provisions into law	0-36 months	Fully functioning
Peru	Fully into law	0-24 months	Fully functioning
Rwanda	Drafted measures awaiting final approval		
Senegal	Many provisions into law		
Sierra Leone	Drafted measures awaiting final approval		
Tanzania	Fully into law	0-12 months	Fully functioning
Uganda	Fully into law		
Zambia	Many provisions into law	0-24 months	Fully functioning
Zimbabwe	Fully into law	0-60 months	Fully functioning

**Source:** Status report on the Implementation of the International Code of Marketing of Breast-Milk Substitutes and Subsequent related World Health Assembly Resolutions (WHAs), June 2012

\*Complementary information provided by country



## ANNEX 2:

### Maternity Legal Framework

SUN country	Length of leave (Minimum recommended: 14 weeks)	% of wages (Minimum recommended: 2/3 of previous earnings)	Source of funding of wage
Bangladesh	16 weeks (24 weeks)*	100%	Employer liability
Benin	14 weeks	100%	50% Social Security 50% Employer
Burkina Faso	14 weeks	100%	50% Social security 50% Employer
Ethiopia	90 days	100%	Employer liability
The Gambia	12 weeks (6 months)*	100%	Employer liability
Ghana	14 weeks	100%	Employer liability
Guatemala	84 days	100%	2/3 Social security 1/3 Employer
Haiti	12 weeks	100% for 6 weeks	Employer liability
Indonesia	3 months	100%	Employer liability
Kyrgyz Rep.	126 days	100% first 10 days 10 times minimum wage for remaining days	State (employer pays and get refunded)
Lao PDR	90 days	100%	Social Security
Madagascar	14 weeks	100%	50% Social Security 50% Employer
Malawi	8 weeks	100%	Employer liability
Mali	14 weeks	100%	Social Security
Mauritania	14 weeks	100%	Social Security
Mozambique	60 days	100%	Employer liability
Namibia	12 weeks	100%	Social Security

## ANNEX 2: Maternity Legal Framework (cont.)

SUN country	Length of leave (Minimum recommended: 14 weeks)	% of wages (Minimum recommended: 2/3 of previous earnings)	Source of funding of wage
Nepal	52 days	100%	Employer liability
Niger	14 weeks	50%	Social Security
Nigeria	12 weeks	50%	Employer liability
Peru	90 days	100%	Social Security
Rwanda	12 weeks	100% first 6 weeks 20% remaining 6 weeks	Employer liability
Sierra Leone	No info	No info	No info
Senegal	14 weeks	100%	Social Security
Tanzania	84 days	100%	Social Security
Uganda	60 days	100% first month	Employer liability
Zambia	12 weeks	100%	Employer liability
Zimbabwe	16 weeks	100%	Employer liability

**Data Source:** Maternity at work: a review of national legislation / International Labour Office, Conditions of Work and Employment Branch. Second edition. - Geneva: ILO, 2010

\*Complementary information provided by country when different from source

### ANNEX 3: Status of Flour Fortification

SUN country	Status of flour fortification	
	WHEAT	MAIZE
Bangladesh	Voluntary	
Benin	Planning	Reported no fortification
Burkina Faso	Planning	Reported no fortification
Ethiopia	Planning	Being considered
The Gambia	Reported no fortification	Reported no fortification
Ghana	Mandatory	
Guatemala	Mandatory	
Haiti	Mandatory	
Indonesia	Mandatory	
Kyrgyz Rep.	Mandatory	
Lao PDR		
Madagascar	Reported no fortification	Reported no fortification
Malawi	Planning	Voluntary
Mali	Mandatory	
Mauritania	Mandatory	
Mozambique	Planning	
Namibia	Voluntary	Voluntary
Nepal	Mandatory	
Niger	Planning	
Nigeria	Mandatory	Mandatory
Peru	Mandatory	
Rwanda	Planning	
Senegal	Mandatory	Reported no fortification
Sierra Leone	Voluntary	Voluntary
Tanzania	Mandatory (finalized)	
Uganda	Voluntary	Voluntary
Zambia	Voluntary	Voluntary
Zimbabwe	Voluntary	Voluntary

**Source:** Flour Fortification Initiative, [www.sph.emory.edu](http://www.sph.emory.edu)

**NOTE:** This table focuses on flour fortification only. Individual countries are reporting on mass fortification of other commodities like sugar, oil and oil. A separate table will be shared once information will be provided by all countries involved in the SUN Movement.

**ANNEX 4:****Policy and legislation framework for scaling up nutrition**

SUN country	Updated nutrition policy and strategy in place	Updated sector policies and strategies with relevance to nutrition	Costed nutrition plans
Bangladesh	Action plan (2011-16)	Yes	Being finalised
Benin	Yes (2009)	Yes	Yes
Burkina Faso	Yes (2010-15)	Yes	Yes
Ethiopia	Yes (2008-13); being updated	Yes	Yes
The Gambia	Yes (policy 2010-20; plan 2011-15)	Yes	Yes
Ghana	Policy (2011) being finalised	Yes	No
Guatemala	Yes (2009-12); "Zero Hunger" (2012)	Yes	Yes
Indonesia	Yes (2011-15)	Yes	Being developed
Kyrgyz Rep.	Action plan being developed	Yes	Being developed
Lao PDR	Yes (since 2008/9)	Yes	No
Madagascar	Action Plan II (2012)	Yes	Yes
Malawi	Yes (since 2009)	Yes	Yes
Mali	Policy (2011) being endorsed	Yes	No
Mauritania	Yes (up to 2015)	Yes	Yes – investment case being developed
Mozambique	Yes (2011-15)	Yes	Yes
Namibia	Yes (since 2010)	Yes	Yes (advocacy tool)
Nepal	Yes (updated 2012)	Yes	Yes
Niger	Yes (policy 2012-21; plan 2011-15)	Yes	Yes
Nigeria	Yes (2004); new policy being developed	Yes	No
Peru	Yes (2006); being updated 2012 under MDIS	Yes	Yes
Rwanda	Yes (2010-13)	Yes	Yes
Sierra Leone	Implementation plan (2012) being finalised	Yes	Being finalised

SUN country	Updated nutrition policy and strategy in place	Updated sector policies and strategies with relevance to nutrition	Costed nutrition plans
Senegal	Yes (2002-11); Strategic plan (2012-17) being updated	Yes	Being updated
Tanzania	Yes (up to 2015)	Yes	Being finalised
Uganda	Yes (2011-16); Food and Nutrition Bill being enacted	Yes	Yes
Zambia	Yes (2011-15)	Yes	Yes
Zimbabwe	Yes (strategy 2011-13)	Yes	Yes

**Source:** SUN Country Fiches, Country Profiles (West African Countries) and information from countries during Country Network teleconferences

## **ANNEX 5: SUN Lead Group**

H.E. Mr. Armando Emilio Guebuza, President of Mozambique

H.E. Mr. Jakaya Mrisho Kikwete, President of Tanzania

H.E. Ms. Sheikh Hasina, Prime Minister of Bangladesh

H.E. Mr. Nahas Angula, Prime Minister of Namibia

H.E. Mr. Babu Ram Bhattarai, Prime Minister of Nepal

H.E. Ms. Ngozi Okonjo-Iweala, Minister of Finance of Nigeria

Ms. Nina Sardjunani, Deputy Minister of Development Planning of Indonesia

Ms. Nadine Heredia, First Lady of Peru

Dr. Ibrahim Mayaki, CEO of NEPAD

Sir Fazle Hasan Abed, Founder and Chairperson, BRAC

Mr. Tom Arnold, Chief Executive Officer, Concern Worldwide

Ms. Alessandra da Costa Lunas, Secretary-General, Confederation of Family Farmer Organizations of the Extended Mercosur (COPROFAM)

Dr. Marie Pierre Allié, President, Médecins Sans Frontières France

Dr. Helene Gayle, President and CEO, CARE USA

H.E. Mr. Julian Fantino, Minister of International Cooperation, Canada

H.E. Mr. Andris Piebalgs, Commissioner for Development Cooperation, EC

Mr. Bruno Le Maire, member of Parliament and former Minister of Food, Agriculture and Fishing, France, 2009-2012

Mr. Rajiv Shah, Administrator, US Agency for International Development

Ms. Vinita Bali, Managing Director, Britannia Industries

Mr. Paul Polman, Chief Executive Officer, Unilever

Ms. Ertharin Cousin, Executive Director, World Food Programme and Representative of the United Nations Standing Committee on Nutrition

Ms. Tamar Manuelyan Atinc, Vice President, Human Development, The World Bank

Dr. Chris Elias, President, Global Development, Bill & Melinda Gates Foundation

Mr. Jay Naidoo, Chair of the Board, Global Alliance for Improved Nutrition

Ms. Mary Robinson, Chair, Mary Robinson Foundation - Climate Justice

Dr. Anthony Lake, Chair, Scaling Up Nutrition Movement Lead Group and Executive Director, UNICEF

Dr. David Nabarro, Coordinator, Scaling Up Nutrition Movement, and Special Representative of the Secretary-General for Food Security and Nutrition













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