

MEASURING PROGRESS TOWARDS ENDING MALNUTRITION

THIS SCORECARD MEASURES PROGRESS TOWARDS THE ADOPTION OF NATIONAL LEVEL NUTRITION TARGETS AND THEIR QUALITY IN 50 HIGH-BURDEN COUNTRIES. THE FOCUS IS ON STUNTING, WASTING, BREASTFEEDING AND ANAEMIA.

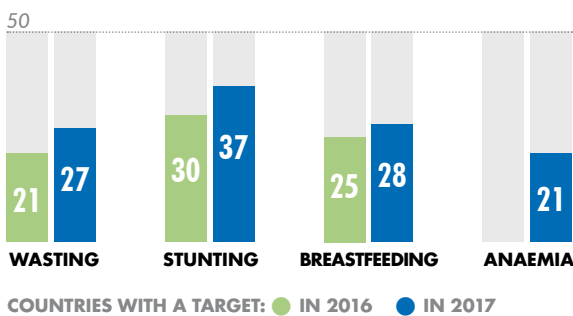
In 2012, the World Health Assembly (WHA) adopted a resolution establishing six global nutrition targets. The targets, to be achieved by 2025, focus on reducing stunting, wasting, anaemia, low birth weight, childhood overweight, and increasing exclusive breastfeeding. In 2016, countries reiterated their commitments at the WHA and agreed to consider setting national, context-specific targets in these same areas.

SET NATIONAL TARGETS

Of the 50 countries assessed, only a third have integrated all four nutrition targets into their national policies. More countries have set national targets since last year, but targets on wasting, breastfeeding and anaemia are still included in only about half of the national plans.

EXISTENCE OF NUTRITION TARGETS IN NATIONAL POLICIES FOR 50 HIGH-BURDEN COUNTRIES IN 2016 AND 2017¹

Anaemia was not included in the 2016 analysis.



SET A TARGET TO INCREASE TREATMENT COVERAGE OF SEVERE ACUTE MALNUTRITION

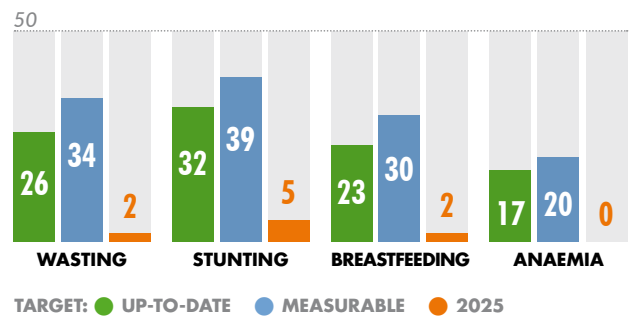
8 /50 COUNTRIES HAVE A **SAM COVERAGE TARGET**

Despite the fact that effective treatment exists for severe acute malnutrition (SAM), which includes severe wasting and edematous malnutrition, only 17 % of all SAM children are treated. This is reflected by the level of political commitment: only 8 out of the 50 countries analysed have a target to increase SAM coverage.

MAKE THE TARGETS SMART

Out of 39 countries with national targets, 12 have targets that are outdated or expire soon. Only 5 countries have at least one target aligned with the timeframe of the global nutrition targets (i.e. 2025). In the absence of alignment, it is difficult to assess progress towards the global targets. However, most countries have set measurable targets, with a clear indicator and baseline, for all areas but anaemia.

NUMBER OF COUNTRIES WITH QUALITY NUTRITION TARGETS OUT OF 50 HIGH-BURDEN COUNTRIES²



ACCELERATE PROGRESS TOWARDS TARGETS

Progress towards WHA global nutrition targets varies greatly between the different forms of malnutrition: 17 countries are 'on course' to meet the breastfeeding target, while only one is 'on-course' for anaemia. Two countries – Vietnam and Kenya - are on course to meet 3 targets. **More progress is needed, particularly on reduction of wasting and anaemia.**

RECOMMENDATIONS

- Reducing malnutrition and progress towards the WHA national targets are possible. To achieve this, countries need to show **strong political commitment**.
- Adopt **SMART** (specific, measurable, attainable, relevant and time-bound) **targets at the national level**.
- These targets should be **aligned with the WHA 2025 nutrition targets**, and renewed if out dated. They should be integrated within national costed multi-sectoral policies and plans, and also in national development plans for the implementation of the SDGs.
- Civil society should be included as a partner** in setting SMART national nutrition targets.
- Governments should set up a **monitoring system to ensure accountability**. They could consider setting intermediate and/or annual targets; data should be regularly published.
- Countries that are 'off-course' for meeting the WHA global targets **should convene multi-stakeholder and multi-sectoral consultations** to discuss 'course corrections' and identify support needed to reach the targets.
- Secure **adequate financial resources** to ensure progress. Encourage Finance Ministers to pledge for nutrition at the next Human Capital Summit and the Italy Nutrition Event.
- The WHO should **update the tracking tool** to allow the global wasting target to be monitored in the same way stunting and breastfeeding are.

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This table ranks governments on their adoption of nutrition targets and progress towards the global nutrition targets.

HOW DID YOUR COUNTRY DO?

Level of engagement: ● HIGH ● MEDIUM ● LOW ● VERY LOW ● NO OR INSUFFICIENT DATA

| COUNTRY | NUMBER OF POINTS PER COUNTRY | WASTING | STUNTING | BREASTFEEDING | ANEMIA |
|-------------------|------------------------------|---------------|----------|---------------|--------|
| | (on 40 max) | Sub-total /10 | | | |
| VIETNAM | 29 | 5 | 8 | 8 | 8 |
| SIERRA LEONE | 27 | 6 | 9 | 7 | 5 |
| ZIMBABWE | 26 | 8 | 7 | 6 | 5 |
| CAMBODIA | 24 | 5 | 8 | 6 | 5 |
| KENYA | 24 | 8 | 8 | 8 | 0 |
| LAO | 24 | 5 | 6 | 8 | 5 |
| MOZAMBIQUE | 24 | 5 | 6 | 8 | 5 |
| GUINEA | 23 | 5 | 7 | 6 | 5 |
| IVORY COAST | 23 | 6 | 7 | 5 | 5 |
| PHILIPPINES | 23 | 5 | 8 | 5 | 5 |
| TIMOR LESTE | 23 | 5 | 5 | 8 | 5 |
| BENIN | 22 | 7 | 6 | 9 | 0 |
| BURKINA FASO | 22 | 4 | 8 | 10 | 0 |
| CHAD | 22 | 6 | 7 | 7 | 2 |
| ETHIOPIA | 22 | 5 | 7 | 5 | 5 |
| NIGERIA | 22 | 5 | 7 | 5 | 5 |
| SOMALIA | 22 | 5 | 6 | 6 | 5 |
| MALI | 21 | 5 | 6 | 5 | 5 |
| TANZANIA | 21 | 5 | 7 | 3 | 6 |
| DRC | 20 | 5 | 7 | 3 | 5 |
| MAURITANIA | 20 | 5 | 6 | 9 | 0 |
| SRI LANKA | 19 | 6 | 7 | 0 | 6 |
| BANGLADESH | 17 | 2 | 9 | 6 | 0 |
| MADAGASCAR | 17 | 5 | 6 | 6 | 0 |
| CAR | 16 | 5 | 6 | 5 | 0 |
| NEPAL | 16 | 5 | 6 | 5 | 0 |
| UGANDA | 16 | 3 | 8 | 5 | 0 |
| MALAWI | 15 | 6 | 5 | 1 | 3 |
| AFGHANISTAN | 14 | 5 | 9 | 0 | 0 |
| ZAMBIA | 14 | 0 | 5 | 6 | 3 |
| MYANMAR | 13 | 3 | 4 | 3 | 3 |
| SOUTH AFRICA | 13 | 6 | 4 | 3 | 0 |
| NIGER | 12 | 4 | 5 | 3 | 0 |
| ERITREA | 9 | 3 | 3 | 3 | 0 |
| SENEGAL | 9 | 2 | 6 | 1 | 0 |
| SUDAN | 9 | 3 | 3 | 3 | 0 |
| IRAQ | 7 | 0 | 6 | 1 | 0 |
| SOUTH SUDAN | 7 | 0 | 4 | 3 | 0 |
| YEMEN | 6 | 0 | 6 | 0 | 0 |
| CAMEROON | 4 | 0 | 1 | 3 | 0 |
| EGYPT | 3 | 0 | 3 | 0 | 0 |
| SYRIA | 3 | 0 | 0 | 3 | 0 |
| HAITI | 2 | 0 | 1 | 1 | 0 |
| INDIA | 1 | 0 | 1 | 0 | 0 |
| DJIBOUTI | 0 | 0 | 0 | 0 | 0 |
| PAPOUA NEW GUINEA | 0 | 0 | 0 | 0 | 0 |
| SAUDI ARABIA | 0 | 0 | 0 | 0 | 0 |
| INDONESIA | n/a | n/a | n/a | n/a | n/a |
| LIBERIA | n/a | n/a | n/a | n/a | n/a |
| PAKISTAN | n/a | n/a | n/a | n/a | n/a |

METHODOLOGY OF THE SCORECARD

50 countries with a high burden of undernutrition were selected for this analysis³ based on their prevalence and burden of wasting and stunting.⁴ Their national policies and plans were analyzed, and each target was given a score as per the following criteria:

- **Existence of a target** ★ (3 points): 2 points for a target in national policies, 1 point for a "Nutrition for Growth" target. A star denotes 2 points.
- **Quality of the target** ★ - either the target integrated in the national plan or the N4G target in the absence of the former - (4 points): 2 points for a target beyond 2017, 1 point for a target running up to 2025, 1 point for a time-bound, measurable target. A target is marked as quality when it has 4 points.
- **Progress to meet WHA global targets** (3 points): 3 points if 'on-course', 2 points if on-course but at risk (available for stunting and breastfeeding), 1 point if

off-course with progress, 0 point if off course with no/slow progress, no data or insufficient data (This is based on the methodology and analysis of the Global Nutrition Report (GNR) 2016; NB. the absence of an 'on course, at risk' and 'off course with progress' categories for wasting and anaemia in the GNR meant that only 0 or 3 points were available for countries for this target.)

The ranking of countries was determined by the sum of the scores of all targets.