



Chapter

3

Scaling up nutrition around the world in 2017-2018

For the first time, the 2018 SUN Movement progress report takes a regional approach. The following sections, where the 60 SUN countries are divided into five regions,¹ look at the evolution of nutrition and diets in countries – for children, adolescents and adults – some underlying drivers towards achieving the SDGs that have an impact on nutrition, but also progress towards the Movement’s strategic objectives, including creating an enabling environment for nutrition actions to take hold in SUN countries.

This chapter uses extensive data from the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) system, which includes indicators on the nutrition situation, drivers of nutrition and the enabling environment.² It also relies on the information shared by the 53 countries who undertook the 2018 Joint-Assessment between April and August, in addition to the baseline study that Afghanistan was asked to undertake, as the Movement’s more recent member.

The year 2017-2018 has given us some important highlights. More countries across the SUN Movement now have sufficient data to enable the assessment of progress toward the World Health Assembly global nutrition targets, recently updated to be achieved by 2030. This means that, today, more SUN countries are considered on track to achieve child-related nutrition indicators (for stunting, wasting, child overweight and exclusive breastfeeding) compared to last year, with progress seen in countries from all regions.

¹ The five regions in this chapter are: West and Central Africa, East and Southern Africa, West and Central Asia, South and Southeast Asia and the Pacific and Latin America and the Caribbean.

² Unless indicated otherwise, all data cited in the report is from the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) system database. The original data sources are described in the MEAL Framework Baseline Document. Available at: https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-learning-meal/meal-framework-baseline-document-2017_001/ [accessed November 2018].



 **9 countries³** are on track to meet the target for stunting (up from 8 countries in 2017)

 **14 countries⁴** are on track to meet the target for wasting (up from 13 countries in 2017).

 **23 countries⁶** are on track to meet the target for child overweight (up from 20 countries in 2017).

 **23 countries⁷** are on track to meet the target for exclusive breastfeeding (up from 17 countries in 2017).

 The **absence of progress on reducing anaemia** among women is worrying. No SUN country is on track to achieve this important target.

 For low birthweight, **efforts are underway to improve the quality of data** used to track progress towards meeting the global target. We hope to be able to report on this in 2019, with more information.

6 COUNTRIES ARE ON TRACK TO MEET THE TARGETS FOR BOTH STUNTING AND WASTING (UP FROM 5 COUNTRIES IN 2017)⁵

³ Bangladesh, Côte d'Ivoire, El Salvador, Eswatini, Ghana, Kenya, Kyrgyzstan, Liberia and Peru.

⁴ Benin, El Salvador, Eswatini, Ghana, Guatemala, Kenya, Kyrgyzstan, Lesotho, Malawi, Rwanda, Peru, Tanzania, Uganda and Zimbabwe.

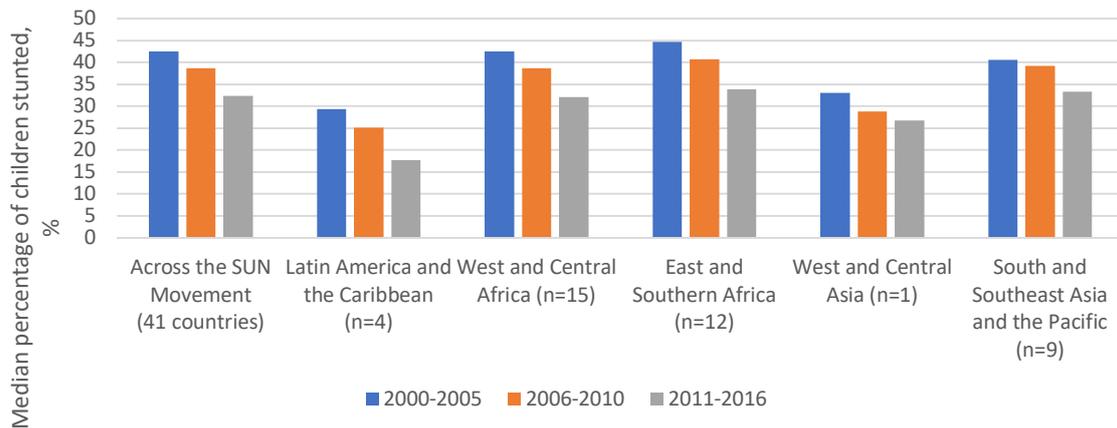
⁵ El Salvador, Eswatini, Ghana, Kenya, Kyrgyzstan and Peru.

⁶ Bangladesh, Burkina Faso, Burundi, Cambodia, Cameroon, Chad, Côte d'Ivoire, DRC, Eswatini, Guatemala, Ghana, Guinea-Bissau, Indonesia, Kenya, Lesotho, Malawi, Myanmar, Nepal, Nigeria, Senegal, Sierra Leone, Tanzania and Uganda.

⁷ Benin, Burkina Faso, Burundi, Cameroon, Congo, Côte d'Ivoire, DRC, El Salvador, Eswatini, The Gambia, Guinea-Bissau, Kenya, Lesotho, Mali, Mauritania, Myanmar, Rwanda, Sierra Leone, Sri Lanka, Sudan, Zambia and Zimbabwe.

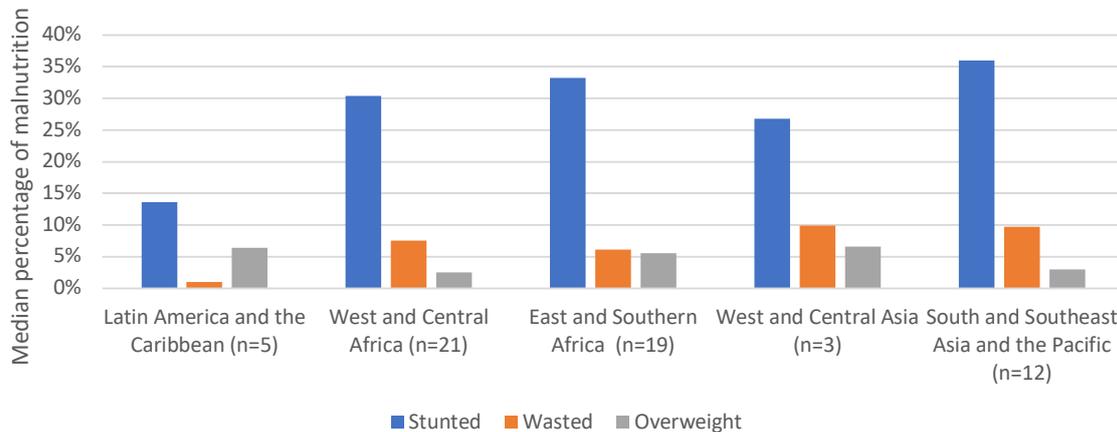
Stunting rates continue to fall in all regions (see graph 1).⁸ Nevertheless, stunting still affects one-third of girls and boys under five (median 32 per cent) across the Movement, with 2 out of 3 SUN countries (38/60) facing the challenge of addressing both high stunting and wasting levels among young children. Levels of undernutrition remain particularly high in those countries affected by conflict or climate-driven crises, although these countries also show increasing levels of political commitment to accelerate progress.

Graph 1: Trends in stunting among children under five years of age in SUN countries, 2000-2016



However, a growing number of countries are facing the emerging challenge of child overweight, which affects Latin America, Southern Africa and Central Asia, in particular (see graph 2). 4 SUN countries bear the combined burden of a high prevalence in child overweight, stunting and wasting.

Graph 2: Nutrition status of children under five in SUN countries, by region

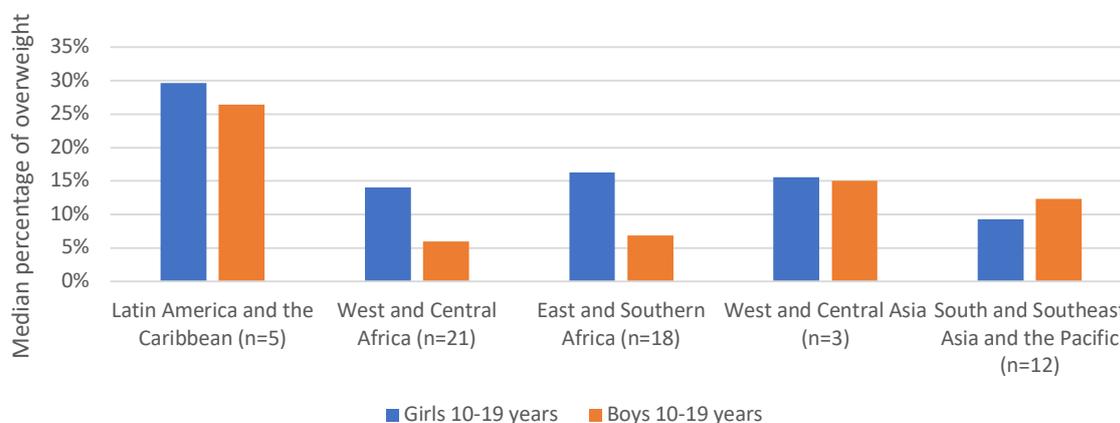


The SUN Movement promotes a lifecycle approach to tackling malnutrition, as girls, boys, women and men have differing nutritional requirements in the course of their lives. For the first time, this report also looks at adolescent nutrition, as this period in life offers a second critical window of opportunity to ensure a nutritious and healthy future for all. The nutrition trends for adolescent girls are of concern: very little reduction in rates of undernutrition has been seen in this age group, at the same time as there are striking increases in overweight and obesity (ranging from 12 per cent in South and Southeast Asia and the Pacific to 29 per cent in Latin

⁸ Please note that this graph includes data only for 44 countries for which three data points are available. In West and Central Asia, data is available only for Tajikistan.

America and the Caribbean). The high burden of anaemia is also evident among adolescent girls, particularly in West and Central Africa and South and Southeast Asia.

Graph 3: Adolescent overweight in SUN countries, by region



Adult women and men face high levels of malnutrition across the regions. The nutritional needs of women must be urgently addressed, to ensure that no one is left behind and the vicious cycle of malnutrition is not perpetuated from one generation to the next. Today, there are high levels of anaemia (greater than 20 per cent) among women in 56 SUN countries. There are wide variations in the prevalence of obesity for both women and men across regions, with Latin America and Central Asia being most affected. Those SUN countries that today see lower levels of overweight and obesity should take preventive actions.

Figure 1: Adult overweight and obesity prevalence in SUN countries, by region and sex, 2016



The regional sections in this chapter also provide insights on the drivers and challenges that impact the nutrition situation, such as exposure to shocks and crises, poverty, health patterns, food security, access to health and sanitation services, and gender dynamics. These sections demonstrate the diversity of challenges which make the fight against malnutrition such a complex enterprise. But SUN countries are united by their commitment to work together in addressing nutrition through actions that achieve meaningful results across these different sectors.

More and more, SUN countries are taking the necessary steps to make sure good nutrition becomes a reality, by ensuring the nutrition environment, at the country level, is enabling for lasting success. To examine efforts, between April and August 2018, the SUN Joint-Assessment took place in a record-breaking 53 countries. The increase in the median of total scores towards achieving the Movement's strategic objectives between 2014-2016 and 2017-2018 in 3 regions and sustained progress in Latin America and the Caribbean and East and Southern Africa is encouraging.

SUN COUNTRIES ARE DETERMINING THE RIGHT PEOPLE FOR SUSTAINED CHANGE, BY BRINGING TOGETHER MULTIPLE STAKEHOLDERS

There have never been more appointed, and more active, nutrition champions, also amongst the media, parliamentarians and academia. A key result from the reporting period and spanning SUN regions, is the amount of countries stepping up work with the media to spread the nutrition word. In 2017-2018, 38 countries (5 more than in 2016-2017) have harnessed the media in their fight against malnutrition. In 41 countries (7 more than in 2016-2017), parliamentarians are tackling nutrition through innovative policies and legislation and 41 countries work with scientists and academia to better support evidence-based decision-making and improve coordination between governments and research institutions. 31 countries (up from 25 in 2016-2017) have nominated one or several high-level or social champions for nutrition – to help ensure nutrition remains high on the political agenda.

SUN COUNTRIES ARE WORKING TOWARDS COMMON RESULTS, WITH ACTION PLANS TO BRING GOALS TO LIFE

42 countries (5 more than in 2016-2017) have finalised a Common Results Framework (CRF) that guides the alignment of sectoral policies and investments towards common nutrition objectives. 30 of these CRFs (6 more than in 2016-2017) have a monitoring and evaluation plan to track progress. 41 CRFs (up from 32 in 2016-2017) are accompanied by an action plan, to bring goals, across sectors and stakeholders, to life.

SUN COUNTRIES ARE MAKING AN INCREASINGLY EFFECTIVE CASE FOR INVESTING IN NUTRITION

Across all regions, countries are demonstrating a better use of finance data through improved advocacy, planning and impact. They do this by regularly and transparently tracking nutrition budget allocations against multi-sectoral nutrition plans. 35 countries report tracking public allocations for nutrition in 2017-2018, whereas in 2016-2017, 32 countries reported doing so. Furthermore, 19 countries have undertaken the SUN budget analysis exercise in 2018, up from 4 countries in 2017. This brings the Movement to a total of 50 countries that have conducted a budget analysis for nutrition, a specific value-added component of being a member of the SUN Movement.

SUN COUNTRIES ARE STRIVING FOR COHERENT POLICY AND LEGAL FRAMEWORKS, WHICH ARE ESSENTIAL FOR LASTING HUMAN IMPACT

The MEAL system, rolled out in 2017-2018, has provided a valuable overview of the current status of SUN countries in enacting legislation for nutrition. MEAL shows us, for instance, that those countries who have been a part of the Movement for longer (in particularly those who joined in 2010-2012) have stronger legislation in place for improved nutrition, including the right to food, mandatory food fortification and fortification standards legislation. Early joiners also tend to have more legal measures in place covering the provisions of the International Code of Marketing of Breast-milk Substitutes than countries who joined SUN in recent years.

Looking ahead, it will be important for countries who have joined more recently to work towards strengthening their legal frameworks. Furthermore, as recent experience in several countries has shown, countries must work to enforce and monitor legislation in order to achieve the desired impact.

Areas that require continued and strengthened attention, across the board, are ensuring multi-stakeholder and multi-sectoral collaboration that is focused on results, nationally and sub-nationally, and adopting and implementing policies and legislation that protect everyone's nutrition. This includes actions in support of breastfeeding, that address inappropriate marketing practices in relation to complementary foods and promote healthy diets across the lifespan. Finally, all actions must be implemented with specific attention to gender dynamics, with continued efforts to close the gender gap in education and the unfair care burden, and ensure women and men, girls and boys have access to the knowledge and services that empower them to protect and improve their nutrition and that of their families.



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Scaling up nutrition in West and Central Africa

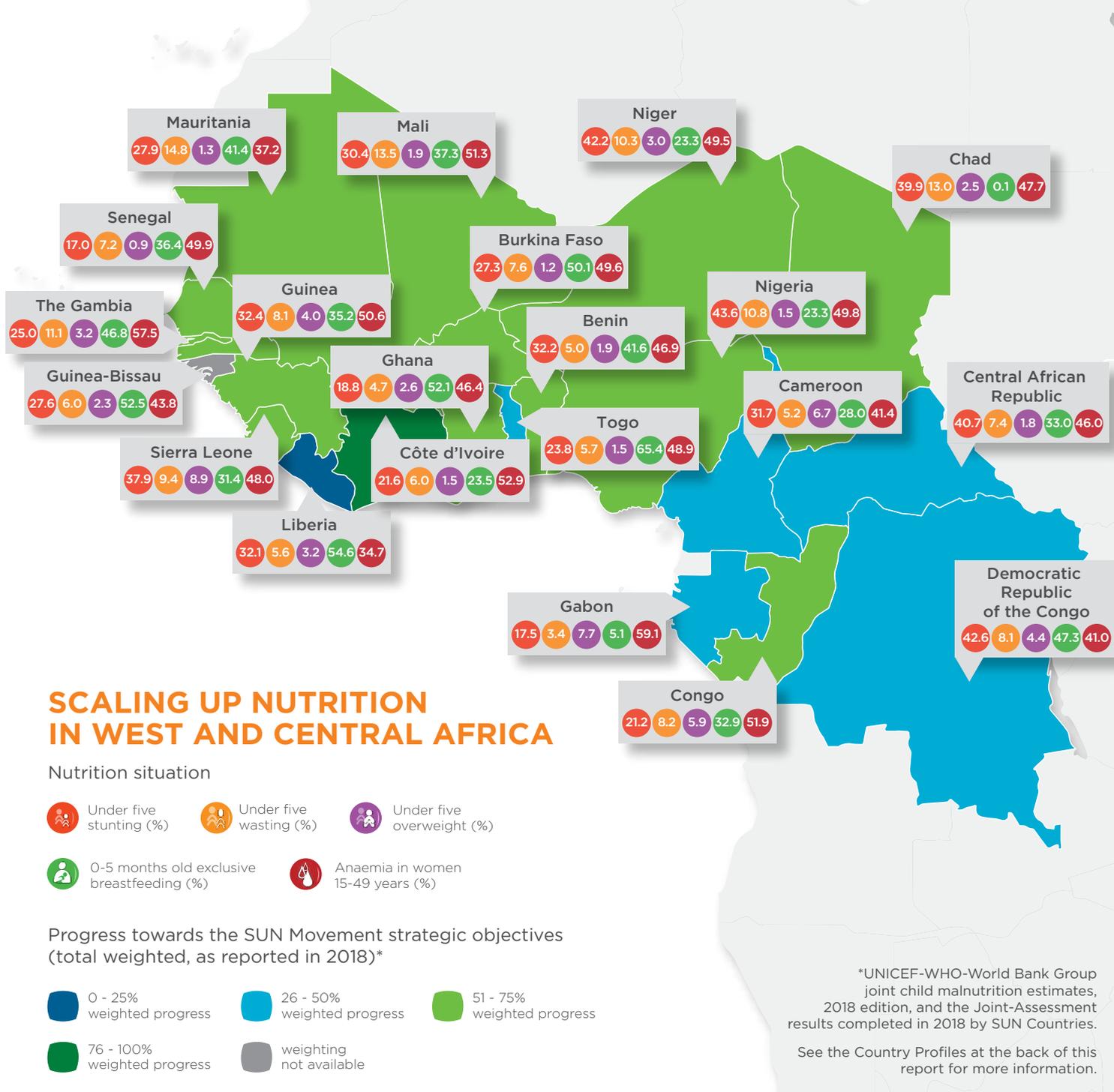
INTRODUCTION

West and Central Africa is the largest SUN region and comprises 21 countries¹ at different stages of their scaling up nutrition efforts. The region includes some of the earliest members to join the Movement (with 8 countries joining SUN in 2011), and 2 of its most recent members, Gabon and Central African Republic (both of whom joined the Movement in late 2016 and early 2017). 15 countries are francophone, while 5 countries are anglophone. Guinea-Bissau is the only lusophone country.²

Most countries in the region have made strides towards creating an enabling environment for country partners to work hand-in-hand for nutrition results. 18 out of 21 countries have created,

¹ West African SUN countries include: Benin, Burkina Faso, Côte d'Ivoire, the Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo. Central African SUN countries include: Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo and Gabon.

² Unless cited otherwise, data presented in this section are from the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) database. These data have been compiled from various sources, as listed in the SUN MEAL Framework Baseline Document, which is available at: <https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-and-learning-meal/>.



SCALING UP NUTRITION IN WEST AND CENTRAL AFRICA

Nutrition situation

- Under five stunting (%)
- Under five wasting (%)
- Under five overweight (%)
- 0-5 months old exclusive breastfeeding (%)
- Anaemia in women 15-49 years (%)

Progress towards the SUN Movement strategic objectives (total weighted, as reported in 2018)*

- 0 - 25% weighted progress
- 26 - 50% weighted progress
- 51 - 75% weighted progress
- 76 - 100% weighted progress
- weighting not available

*UNICEF-WHO-World Bank Group joint child malnutrition estimates, 2018 edition, and the Joint-Assessment results completed in 2018 by SUN Countries.

See the Country Profiles at the back of this report for more information.

or are in the process of creating, multi-stakeholder platforms (MSPs), and the 2018 Joint-Assessment scores - undertaken by all countries except 1 - show an increase from a median of 52 per cent in 2014-2016 to 61 per cent in 2017-2018. However, economic development challenges,³ fragile governance and effects of conflict and climate-related stressors threaten progress seen in many countries over the past years.

Looking ahead, concerted efforts to fight these underlying drivers of malnutrition and ensuring the sustainability of actions will be essential to ensure good nutrition for all women, men and children in West and Central Africa.

³ In March 2018, 14 countries in the region were listed as “least developed countries”, with several countries being landlocked.

A SNAPSHOT OF NUTRITION AND DIETS ACROSS THE LIFECYCLE

Although trends vary greatly from country to country in this region, certain parallels can be drawn vis-à-vis malnutrition and food security trends.



The stunting picture – in terms of levels and changes – is very diverse. Ghana and Mauritania show the largest percentage of stunting reductions over time.⁴ Stunting affects a median of 30 per cent of girls and boys under five in the 21 countries (with a range of 17 to 44 per cent), while the median rate of wasting is at 8 per cent (with a range of 3 to 15 per cent). In both West and Central Africa, the poorest children have significantly higher rates of wasting (around 1.5 times higher) than the richest children.⁵ But, several countries are making encouraging progress. Côte d'Ivoire, Ghana and Liberia are on track to meet the World Health Assembly stunting target, with Benin and Ghana on track to meet the wasting target.

GHANA IS 1 OF ONLY 6 SUN COUNTRIES ON TRACK TO MEET GLOBAL STUNTING AND WASTING TARGETS



West and Central Africa has the lowest levels of child overweight (with a median of 2.5 per cent and a range between 0.9 to 8.9 per cent). Almost half of the 23 SUN countries that are on course to halt the rising rate of overweight children under five can be found in West and Central Africa. Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea-Bissau, Nigeria, Senegal and Sierra Leone are on track to meet the WHA overweight target.



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The breastfeeding picture is quite varied. Less than half (or 44 per cent) of infants are breastfed within an hour after birth. About one third of infants are exclusively breastfed (with a median of 33 per cent). Togo is the “leader of the pack” with an exclusive breastfeeding rate of 65.4 per cent, followed by Guinea-Bissau (52.5 per cent) and Ghana (at 52.1 per cent). Chad has a very low exclusive breastfeeding rate of 0.1 per cent.⁶ However, Benin, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of the Congo, The Gambia, Guinea-Bissau, Mali, Mauritania, and Sierra Leone are on track to meet the WHA breastfeeding target. 18 out of 21 countries are performing extremely well in ensuring continued breastfeeding of girls and boys at 1 year old – with 11 countries having rates above 90 per cent.⁷

⁴ FAO, (2017). Regional Overview of Food Security and Nutrition in Africa 2017. The food security and nutrition-conflict nexus: building resilience for food security, nutrition and peace. Available at: <http://www.fao.org/3/a-i8053e.pdf> [accessed October 2018].

⁵ UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates, (2018). Levels and trends in child malnutrition: Key findings of the 2018 edition. Available at: <http://www.who.int/nutgrowthdb/2018-jme-brochure.pdf?ua=1> [accessed October 2018].

⁶ WHO, (2018). Enabling women to breastfeed through better policies and programmes: Global breastfeeding scorecard 2018. Available at: <http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018/en/> [accessed October 2018].

⁷ Ibid. As per this data the following countries have rates above 90 per cent: Benin, Burkina Faso, Democratic Republic of the Congo, The Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Niger, Senegal and Togo. Rates from Central African Republic, Chad, Côte d'Ivoire, Liberia, Mauritania, Nigeria, and Sierra Leone fall right below 90 per cent, meaning they are on par.



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Anaemia in girls and women is a key malnutrition concern in West and Central Africa. 57.2 per cent of pregnant women and 47.7 per cent of non-pregnant women suffer from anaemia. There has been little progress towards the target for anaemia, not only in West and Central Africa, but also globally. Liberia and Ghana have made the most progress, however, 12 countries have seen an increase in their anaemia rates. Anaemia also affects half of adolescent girls between the ages of 15 and 19 years (with ranges between 40 and 64 per cent) in the region – based on the 14 countries with data available. 70 per cent of children under five in this region are anaemic (with a range between 58 and 86 per cent, based on the 17 countries with data).



Chad, Central African Republic and Mali have been ranked in the top 10 globally for healthy dietary patterns, while Sierra Leone has been ranked highly (place 8) for consumption of fewer unhealthy items.⁸ Today, however, trends show increased consumption of unhealthy foods and nutrients in the region. Between 2000 and 2016 there has been a steady increase in the prevalence of overweight and obesity among adolescents and adults. The median prevalence of overweight and obesity for adolescent girls stands at 14 per cent (6 per cent for adolescent boys), whereas this is at 37 per cent for adult women and 22 per cent among men.



Infant and young child feeding practices across the region are quite poor. Only 7 per cent (median) of children 6-23 months of age receive a minimum acceptable diet (with a range between 3 and 17 per cent) – with only 13 per cent (if looking at the median) receiving minimum diet diversity (with a range between 5 and 34 per cent). Over half of all girls and boys under five (with a median of 52 per cent)⁹ suffer from vitamin A deficiency.



The region saw a fall in the prevalence and number of undernourished people between 1999-2001 and 2009-2011, but, in subsequent years (2014-2016), there has been a rise, hitting Guinea-Bissau, Liberia and Sierra Leone the hardest.¹⁰ Of the 2 sub-regions, Central Africa's prevalence rate of undernourished people in 2017 was significantly higher (at 26 per cent) than that of West Africa (at 15 per cent).¹¹

Countries in West and Central Africa are amongst some of the most food insecure globally. Almost one third of women, men and their families face severe food insecurity in West Africa, while this figure is at almost 50 per cent in Central Africa.¹² Of the 20 countries most dependent on food imports globally, 9 are in the region. In 2017, 13 countries were dependent on external food assistance, with 5 countries having at least 20 per cent of their population in a situation of crisis.¹³

⁸ The Lancet, (2015). Global Health, Volume 3, ISSUE 3, Pe132-e142, March 01, 2015. Dietary quality among men and women in 187 countries in 1990 and 2010: a systematic assessment. Available at: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(14\)70381-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(14)70381-X/fulltext) [accessed October 2018].

⁹ Development Initiatives, (2017). Global Nutrition Report 2017: Nourishing the SDGs. Bristol, UK: Development Initiatives. Available at: http://165.227.233.32/wp-content/uploads/2017/11/Report_2017-2.pdf [accessed November 2018].

¹⁰ Supra note 4.

¹¹ FAO, IFAD, UNICEF, WFP and WHO, (2018). The State of Food Security and Nutrition in the World 2018. Building climate resilience for food security and nutrition. Available at: <http://www.fao.org/3/I9553EN/i9553en.pdf> [accessed October 2018].

¹² Supra note 4.

¹³ Food Security Information Network, (2018). Global Report on Food Crises 2018. Available at: https://docs.wfp.org/api/documents/WFP-000069227/download/?_ga=2.30744312.697980888.1540906685-920717876.1527583340 [accessed October 2018].

REACHING THE SUN MOVEMENT STRATEGIC OBJECTIVES

In 2018, 20 out of 21 countries¹⁹ undertook their Joint-Assessment by bringing together their nutrition communities. These assessments show encouraging progress – with an increase in the median total score from 52 per cent in 2014-2016 to 61 per cent in 2017-2018.



EXPAND AND SUSTAIN AN ENABLING POLITICAL ENVIRONMENT

Most countries in the region are progressing in ensuring an enabling environment for nutrition. 16 countries have a functioning multi-stakeholder platform (MSP) in place, with Congo, Gabon and Liberia being in the process of setting up their MSPs.²⁰ MSPs exist at the decentralised level in 13 countries – with the Democratic Republic of the Congo and Mauritania being in the process of decentralising theirs. In Benin, for instance, MSPs exist in 40 out of 77 municipalities today.

Focal points in the region are placed at different levels, within a range of ministries. In 9 SUN countries, the focal point is positioned within the offices of the President (Benin and Congo), Vice President (Côte d'Ivoire, The Gambia, Ghana, Liberia and Sierra Leone) or Prime Minister (Democratic Republic of the Congo and Guinea). This strengthens their ability to convene the nutrition community in the country. In 9 countries, the SUN focal point is placed within the Ministry of Health.

In 2017-2018, national-level MSPs work more across stakeholder groups for the best possible impact. 18 countries report working with civil society, 12 work with businesses, 11 have a UN convener and 13 countries have a donor convener. UN Networks for SUN exist in all countries, with 7 Networks deemed to function well today. Civil Society Alliances exist in 16 countries, with Alliances in Burkina Faso, Côte d'Ivoire, Ghana, Guinea-Bissau, Mali, Nigeria, Sierra Leone, Senegal being highly ranked in terms of functionality. A SUN Business Network exists and works well in Nigeria, with Business Networks in early stages of development in Côte d'Ivoire and Mali.

A key result from 2017-2018 is the mobilisation of high-level advocates for nutrition, which is key to ensure that nutrition remains a top priority. 8 countries have mobilised the media, parliamentarians and champions in 2018, compared to only 3 countries in 2016. An important emerging regional trend is the development of parliamentary networks for nutrition – to harness their legislative and budgetary powers. More countries are also collaborating with academia with 13 out of 20 countries harnessing their role.



The 2017 SUN Movement Global Gathering, held in Abidjan in November, brought together a range of high-level advocates for nutrition. Côte d'Ivoire received the SUN Country Team Award at the 2017 SUN Global Gathering, for their dedication and championship for nutrition. Mr. Emmanuel Koffi Ahoutou, Deputy Director of the Office of the Prime Minister and SUN Government Focal Point, and Dr Patricia Ngoran-Theckly, Coordinator of

the National Nutrition Programme and SUN Government Technical Focal Point, accepted the award.

Dr Mohamed Ag Bendech, of Mali, was given a Lifetime Award for his dedication to improve nutrition in his country, but also on the Continent, as a whole.

CÔTE D'IVOIRE HOSTED MORE THAN 1,000 MEMBERS OF THE SUN MOVEMENT AT THE 2017 GLOBAL GATHERING, WHICH TOOK PLACE FOR THE FIRST TIME IN A SUN COUNTRY



¹⁹ Guinea-Bissau is the only country in the region who did not undertake the SUN Joint-Assessment in 2018.

²⁰ Central African Republic and Togo have not set up multi-stakeholder platforms.



PRIORITISING AND INSTITUTIONALISING EFFECTIVE ACTIONS THAT CONTRIBUTE TO GOOD NUTRITION

As is the case for other SUN regions, West and Central Africa varies greatly in their ability to ensure a coherent legal and policy framework for nutrition.



Democratic Republic of the Congo and Niger are the only 2 countries that explicitly guarantee the right to adequate food in their Constitutions. The right to food is implicitly protected as part of broader rights in the Constitutions of Central African Republic, Côte d'Ivoire, Guinea, Mali, Senegal and Togo. Given the ongoing conflicts and climate-related stressors in many of the region's countries, the ability to realise the right to food varies greatly, as is the case for countries with a weak level of constitutional protection.



Across regions, West and Central Africa has the best median score with regards to the integration of malnutrition in National Development Plans. 11 of the 15 top-ranked countries in Africa for the extent to which nutrition features in their national development plans are from this region.²¹



4 out of the 5 SUN countries who have ratified the ILO Maternity Protection Convention 2000, (No. 183) can be found in West Africa (Benin, Burkina Faso, Mali and Senegal). 15 countries have maternity protection laws or regulations in place. Gabon, Cameroon, Chad, Côte d'Ivoire and Togo allow for fathers to take up to 10 days' paid leave upon the birth of their child, covered under family allowance leave. Having said that, more can be done to ensure gender equality and promote and protect breastfeeding in the region. While 13 countries have some legal measures in place to prevent aggressive marketing of breast-milk substitutes, 8 have none. Benin, Gabon, The Gambia, Ghana have full provisions in law. Ghana is the region's highest performer when it comes to baby-friendly health facilities, with 35 per cent of facilities designated as baby-friendly, but the median is only 4 per cent among the 9 countries with data for this indicator.



About half of the countries have mandatory food fortification legislation in place for at least one staple food (e.g. wheat or maize) as well as salt and oil. 86 per cent (or 18 out of 21) of countries have mandatory iodised salt legislation in place and over three-quarters of households (median 77 per cent) have access to iodised salt. Central African Republic and Mali (or 2 out of 6 SUN countries across the Movement) have put in place healthy diet policies to restrict the marketing of foods and beverages to children, reduce the salt/sodium consumption and limit saturated fats, trans-fatty acids, free sugars or salt.



CENTRAL AFRICAN REPUBLIC AND MALI ARE 2 OF ONLY 6 SUN COUNTRIES WHO HAVE PUT IN PLACE HEALTHY DIET POLICIES



IMPLEMENTING EFFECTIVE ACTIONS ALIGNED WITH COMMON RESULTS

More and more, West and Central African SUN countries are aligning actions around common results and strengthening capacities to ensure more coherence. 15 SUN countries have put in place common results frameworks (CRFs), 14 of which have action plans. 13 out of 15 of these CRFs bring together various sectors through nutrition-sensitive and nutrition-specific actions. Only 6 CRFs have monitoring and evaluation plans.

In 2018, Guinea and Togo have developed and approved their national nutrition policies, in collaboration with their MSPs, while Benin and Burkina Faso are developing theirs. National plans primarily focus on addressing undernutrition, as reflected by the greater frequency of countries with plans that include WHA targets for stunting, wasting, and anaemia. While this is understandable, given the more common types of malnutrition in the region, it will be important for countries to consider the prevention and control of overweight and obesity throughout the lifecycle.



EFFECTIVELY USING AND SIGNIFICANTLY INCREASING FINANCIAL RESOURCES FOR NUTRITION

16 of the 21 countries have, over the past years, conducted a national budget analysis of spending for nutrition. A key result from 2018 is that a record-breaking 11 countries, the highest number across regions, undertook the SUN financial tracking exercise – with Central African Republic, Gabon, Mali and Sierra Leone doing this for the first time. This shows that countries are increasingly using financial information to advocate for more and better investments to bridge gaps. 10 CRFs are costed, with Benin, Cameroon, Congo, Democratic Republic of the Congo and Ghana in the process of costing theirs.

A RECORD-BREAKING 11 WEST AND CENTRAL AFRICAN COUNTRIES HAVE UNDERTAKEN THE 2018 BUDGET ANALYSIS EXERCISE

The level of spending for nutrition-specific interventions is the lowest across SUN regions, estimated at a median of USD 0.1 per each girl or boy under five. Only a few countries have a nutrition-specific budget line and when it exists, spending has proven difficult to track. In addition, many fragile countries report that most funding is going to emergency and short-term interventions, while preventive nutrition interventions remain largely under-funded.

Over half of countries in West and Central Africa have seen donor spending for nutrition more than USD 10 per stunted girl or boy under five. However, the total spending by donors on high-impact nutrition-specific interventions is less than USD 1 per child under five in 13 of 21 countries. The ratio of nutrition-specific to nutrition-sensitive donor spending ranges widely (from 19 per cent to 96 per cent), exceeding 50 per cent in 12 out of 21 countries. Overall, less than 50 per cent of countries report financial alignment with donors.

Burkina Faso, Central African Republic, Côte d'Ivoire and Mali have been added to the list of countries that could benefit from innovative funding sources, such as the Global Financing Facility (GFF). Using investment cases to prompt resource mobilisation is essential to enable and ensure that nutrition is prioritised in national budgets.





THE WAY FORWARD: ACCELERATING PROGRESS

Although progress, especially vis-à-vis the SUN Movement strategic objectives, is palpable across the West and Central African region, sustaining and scaling up effective actions are needed for lasting human impact. Priority actions should be to increase the promotion and protection of breastfeeding – especially in the first 6 months, and ensuring more infants and older children receive enough nutritious food. Building social protection floors – or safety nets – will be key, especially with regards to mitigating fragility. Making sure that individuals at the highest levels of the executive power have nutrition at the top of their political agenda will also go a long way – to cement nutrition as a lasting priority also following elections. This could also make a big difference in ensuring enough resources go towards nutrition-sensitive and nutrition-specific actions. Working towards gender equality and the empowerment of women and adolescent girls will be essential.



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SCALING UP NUTRITION IN WEST AND CENTRAL AFRICA: STORIES OF CHANGE

BENIN CAN! SCALING UP NUTRITION AT THE DECENTRALISED LEVEL

In Benin, the preamble of the Strategic Development Plan for Food and Nutrition (PSDAN), the reference document guiding nutrition efforts, states: “The PSDAN represents a new participatory and accountability approach (...) with project managers being the municipalities themselves, with donors being invited to step in to provide financial support”.

Since 2011, municipalities in Benin have been encouraged to integrate nutrition into their development plans - with a dedicated budget line and a focal point to boost efforts. In 2018, 40 municipalities (out of 77) have decentralised their nutrition efforts and set up a *Cadre Communal de Concertation (CCC)* chaired by the mayor, alongside locally elected officials and decentralised health, education, social protection and agriculture services. These ‘*CCCs*’ also work with civil society organisations and women’s groups and meet on a quarterly basis to coordinate interventions, monitor activities, review progress, and fundraise.

To accompany these efforts, advocacy targeting all 12 governors of Benin²² has had a domino effect: many governors have then requested mayors to consider nutrition when drafting their development plans and voting for a budget. The National Association of Benin Municipalities (ANCB) represents these municipalities in the national multi-stakeholder platform (MSP), CAN. In 2014, the Adja - Ouèrè municipality was awarded the prize for best municipality-led nutrition efforts.



²² The Governor of Couffo, Mr. Christophe Megbedji was nominated to be a SUN Nutrition Champion in 2016.



THE UN NETWORK IN SIERRA LEONE SPEARHEADS AND PARTNERS UP FOR POLITICAL NUTRITION DIALOGUE

The UN Network for SUN took great advocacy strides in Sierra Leone, leading up to the Country's presidential and parliamentary elections, held in March 2018. Seizing windows of opportunity such as the elections and national planning processes, parliamentarians and running candidates were strategically targeted to ensure that nutrition would be placed high on the political agenda of the new Government.

A Multi-Sectoral Nutrition Overview (MNO), which provides a visual narration of the nutrition situation in the country, show that while moderate stunting and wasting has decreased, severe forms have increased. The MNO analyses trends across multiple sectors, including indicators ranging from breastfeeding rates to food insecurity, adolescent pregnancy and women's empowerment. It also highlights which geographical areas are most in need of action.

A comprehensive mapping was also used, looking at nutrition-specific and sensitive programming supported by all relevant stakeholders – from Government to the UN, civil society and donors. This mapping generated valuable coverage data critical to identifying gaps, overlaps and potential areas where efficiencies can be enhanced, to maximise impact.

These findings were complemented by a Policy and Plan Overview (led by the Renewed Efforts Against Child Hunger, REACH, Facilitator), which assessed nutrition-specific and sensitive policy commitments, in light of the current needs (MNO) and existing programmes. The discrepancy, once identified, was taken a step further through advocacy.

A critical ingredient of success was the coming together of multiple stakeholders, ranging from donors (especially Irish Aid), civil society, the private sector and UNN – complemented by the hands-on support of the REACH Facilitator, to lobby as 'One' for concrete political nutrition commitments. A breakfast meeting was held with members of parliament, to discuss the country's nutrition needs – culminating in a declaration by parliamentarians during a televised dialogue. This domino effect prompted the enactment of a Food and Feed Safety Bill later that day. Just two weeks after, 14 registered political parties included food and nutrition security, as well as teenage pregnancy and WASH in their respective manifestos. These measures have kept nutrition on the political agenda irrespective of the election outcomes.

REINVIGORATING DONOR COLLABORATION WITH THE GOVERNMENT IN MALI - FOR HUMAN IMPACT

Canada aims to contribute to the strategic objectives of the SUN Movement by strengthening an enabling policy environment and institutionalising effective measures to contribute to eradicate malnutrition in all its forms in Mali. A longstanding supporter of the Movement across the world, Canada sees nutrition and gender equality as key issues of accountability and human dignity. This has led to Canada's Ambassador to Mali, His Excellency Mr. Louis Verret, showing his personal commitment, alongside his team, and has become the donor convenor for the SUN Donor Network in the country.

The SUN Government Focal Point in Mali, Mr. Djibril Bagayoko, took the initiative to revitalise this important group, that also brings together UN agencies, USAID, and the national Civil Society Alliance. Canada's role in this Network is to ensure that more donors, and the right donors are brought together, and that their financial and technical assistance is harmonised and aligned with national plans and policies – always ensuring that nutrition remains a key political priority. A roadmap has been developed for 2018, and monthly meetings are held – showing efforts to sustain commitment and ensure the success of this Network

In July, under the guidance of the Government and the Canadian Ambassador, a high-level meeting was convened. It brought together 19 Malian ministries who collaborate on bringing the Multi-Sectoral National Action Plan for Nutrition to life, alongside multilateral and bilateral development cooperation actors. This event was an important step towards cementing governmental and development cooperation partners' work to scale up nutrition and key to align financial resources and avoid duplication of actions.



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Scaling up nutrition in East and Southern Africa

INTRODUCTION

The East and Southern Africa region comprises 19 countries.¹ The region's commitment to scaling up nutrition is clear: almost half of all countries joined the SUN Movement in its earliest stage (2010-2011), while the last country joining the Movement, Sudan, did so in October 2015. Whereas 16 countries in the region are anglophone, the island nations of Comoros and Madagascar are francophone, and Mozambique is lusophone.²

All countries have established and formalised their multi-stakeholder platforms (MSPs), except Botswana and Comoros - with 16 countries undertaking the 2018 SUN Movement Joint-Assessment.³ Scores show a similar solid performance over time, since 2014.

Looking ahead, high levels of undernutrition in girls and boys as well as the high prevalence of anaemia in adolescent girls and women needs to be tackled, in tandem with halting the increase in overweight and obese children, adolescents and adults. For this to happen, a strengthened policy and legislative environment must be ensured, and matched with adequate investments.

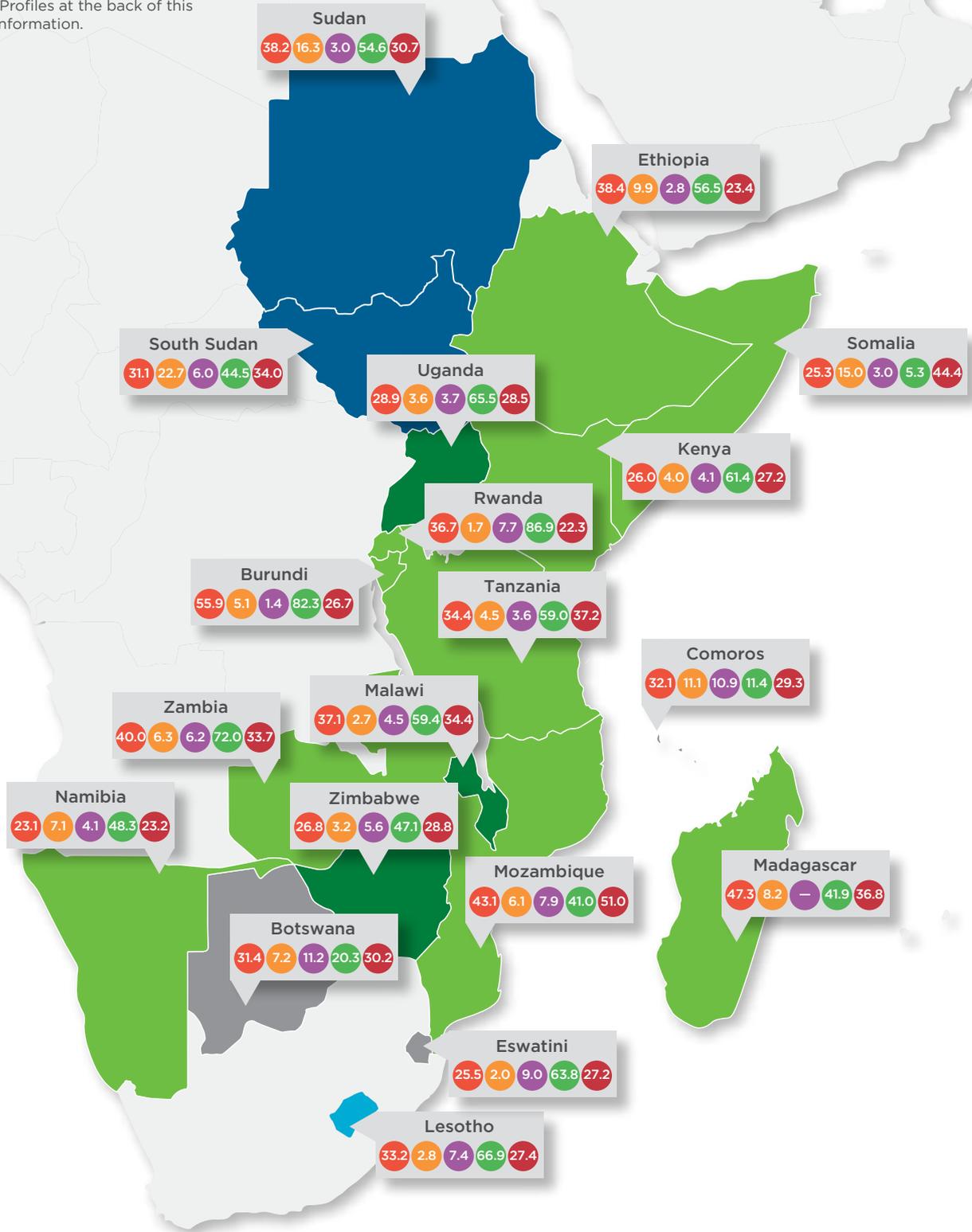
¹ East African SUN countries include: Burundi, Comoros, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda, Zambia and Zimbabwe. Southern African SUN countries include: Botswana, Eswatini, Lesotho and Namibia.

² Unless cited otherwise, data presented in this section are from the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) database. These data have been compiled from various sources, as listed in the SUN MEAL Framework Baseline Document, which is available at: <https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-and-learning-meal/>.

³ In 2018, all countries in the region except Botswana, Comoros and Eswatini undertook the SUN Joint-Assessment.

*UNICEF-WHO-World Bank Group joint child malnutrition estimates, 2018 edition, and the Joint-Assessment results completed in 2018 by SUN Countries.

See the Country Profiles at the back of this report for more information.



SCALING UP NUTRITION IN EAST AND SOUTHERN AFRICA

Nutrition situation

-  Under five stunting (%)
-  Under five wasting (%)
-  Under five overweight (%)
-  0-5 months old exclusive breastfeeding (%)
-  Anaemia in women 15-49 years (%)

Progress towards the SUN Movement strategic objectives (total weighted, as reported in 2018)*

-  0 - 25% weighted progress
-  26 - 50% weighted progress
-  51 - 75% weighted progress
-  76 - 100% weighted progress
-  weighting not available

A SNAPSHOT OF NUTRITION AND DIETS ACROSS THE LIFECYCLE



Although countries continue to face a very high burden of acute and chronic child undernutrition, East and Southern Africa also has many of the Movement's better performing countries today, with regards to meeting global nutrition targets. Eswatini and Kenya are 2 of the 6 countries across the Movement on track to meet World Health Assembly targets for both stunting and wasting. Still, one-third of girls and boys under five in East and Southern Africa are stunted (median of 33 per cent).



On average, 6 per cent of girls and boys are wasted, with a very wide range between 2-23 per cent across the region. Eswatini, Lesotho, Malawi and Rwanda have low percentages of wasted children - between 1-3 percentage points. However, wasting rates are 11 percentage points higher in Ethiopia, Somalia, South Sudan, Sudan, countries that are classified as very high humanitarian risk contexts. Large inequities are evident in the East Africa sub-region, in particular, where the poorest children have nearly double the rates of wasting when compared to the richest.⁴ This region has 8 out of the 14 SUN countries on track to meet the World Health Assembly wasting target: Eswatini, Lesotho, Kenya, Malawi, Rwanda, Tanzania, Uganda and Zimbabwe.

ESWATINI AND KENYA ARE 2 OF ONLY 6 SUN COUNTRIES ON TRACK TO MEET GLOBAL TARGETS FOR BOTH STUNTING AND WASTING



A growing double burden of child malnutrition is also seen. 3 of the countries with the highest prevalence of child overweight in the Movement are in this region (Botswana and Comoros at 11 per cent and Eswatini at 9 per cent). On the other hand, however, 50 per cent of the countries, Burundi, Eswatini, Kenya, Lesotho, Malawi, Tanzania and Uganda are on course to maintain childhood overweight to less than 3 per cent and achieve the WHA target.

⁴ UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates, (2018). Levels and trends in child malnutrition: Key findings of the 2018 edition. Available at: <http://www.who.int/nutgrowthdb/2018-jme-brochure.pdf?ua=1> [accessed October 2018].



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Similar to other regions, between 2000 and 2016, the trend shows a steady increase in the prevalence of adolescent and adult overweight and obesity. Obesity is rapidly increasing and is nearly 10 percentage points higher among women than men. Obesity is of particular concern in Botswana, Eswatini, Lesotho, Namibia and Zimbabwe, where it exceeded 25 per cent among women in 2016. Nutrition-related non-communicable diseases (NCDs) such as diabetes and hypertension are also major concerns, particularly among middle-income countries.



Other forms of undernutrition are also evident – one-third of pregnant (median 34 per cent) and 29 per cent (median) of non-pregnant women were anaemic in 2016. Anaemia does not start in adulthood but already affects nearly one third of adolescent girls 15-19 years of age and half of children under five. Nearly half of children under five⁵ suffer from vitamin A deficiency.



The East and Southern Africa region boasts some of the highest exclusive breastfeeding rates across the SUN Movement – over half of infants 0-5 months are exclusively breastfed and 11 of 19 countries have a greater than 50 per cent exclusive breastfeeding prevalence. 8 countries, have already met, or are on track to achieve, the updated WHA exclusive breastfeeding target for 2030. However, exclusive breastfeeding rates are very low in Somalia (at 5 per cent), Comoros (at 11 per cent) and Botswana (at 20 per cent).



Improving infant and young child feeding practices should be a priority to effectively and sustainably combat malnutrition in all forms – including micronutrient deficiencies. Only 1 in 10 children between 6-23 months receive a minimum acceptable diet (median 10 per cent, range 6 to 38 per cent) and only one in five children (median 22 per cent) receive minimum diet diversity (range 13 to 48 per cent). Large inequities are also evident for young child feeding practices – only 15 per cent of children from the poorest households receive a minimum diet diversity compared to 41 per cent of children from the richest households. Children living in urban areas are also more likely to have minimum diet diversity than those in rural areas.



East Africa is the sub-region with the highest prevalence of undernourishment: 31 per cent of people had insufficient dietary energy consumption in 2017.⁶ The level of undernourishment in the Southern Africa sub-region is lower (at 8 per cent). For the 5 SUN countries with data on severe food insecurity levels in 2016, a median of 40 per cent of people faced serious constraints on their ability to obtain sufficient food, the highest across all regions.

⁵ Development Initiatives, (2017). Global Nutrition Report 2017: Nourishing the SDGs. Bristol, UK: Development Initiatives. Available at: http://165.227.233.32/wp-content/uploads/2017/11/Report_2017-2.pdf [accessed November 2018].

⁶ FAO, IFAD, UNICEF, WFP and WHO, (2018). The State of Food Security and Nutrition in the World 2018. Building climate resilience for food security and nutrition. Available at: <http://www.fao.org/3/19553EN/19553en.pdf> [accessed October 2018].



PROGRESS TOWARDS THE SDGs: MAKERS AND MARKERS OF MALNUTRITION

16 countries experienced positive growth in GDP per capita in 2016⁷. However, over 40 per cent of people in East and Southern Africa live below the poverty line, although poverty levels range widely from 15 per cent (Sudan, 2009) to 78 per cent (Madagascar, 2012). Botswana, Eswatini, Lesotho, and Uganda are reaching over 50 per cent coverage with social protection programmes to help the most vulnerable.

This region has a median under five mortality rate of 55 deaths per 1,000 live births in 2017, similar to the median for all SUN countries. However, the region includes countries with very low (e.g. Botswana and Rwanda at 38) and very high (e.g. Somalia at 127, South Sudan at 96) under five mortality rates. There is also a strong association between the prevalence between obesity and NCD mortality rates, for both women and men in East and Southern Africa, which makes addressing growing obesity the more important.

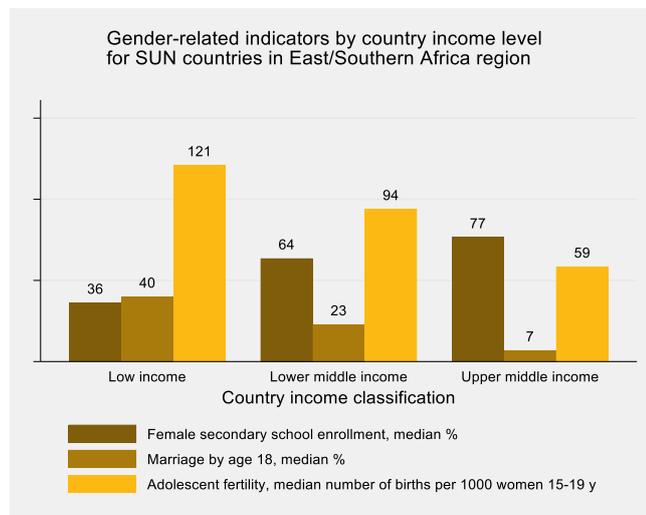
What is most striking is the geographical contrast in humanitarian risk levels. Today, 4 SUN countries in the north-eastern part of Africa are classified as very high-risk, 8 high risk countries can be found along the eastern coast and 2 low and 5 medium risk countries are in the southern/south-western part of the continent. Many countries are affected by natural disasters, conflict and humanitarian crises, including the influx of refugees from neighbouring humanitarian crises. Humanitarian crises contribute to the heightened risk of infectious disease, food insecurity and inadequate access to essential nutrition and health services.

Engaging with partners in the region to improve access to basic water and sanitation services continues to be a priority. Like West and Central Africa, these countries have the lowest proportion of people with access to basic sanitation services, with few signs of progress being made, and the lowest level of access to basic drinking water. Urban populations in Ethiopia, Madagascar, Mozambique, Somalia, South Sudan and Sudan face particularly difficult living conditions – as over 70 per cent live in slums, where families lack easy access to safe water or adequate sanitation, durable housing and sufficient living space.

A heavy burden of infectious diseases can also be seen in many countries, an important contributor to the prevalence of malnutrition. One in five girls and boys under five have diarrhoea and the incidence of malaria is high in several countries, including Rwanda, Mozambique, Malawi, Uganda, Zambia, South Sudan and Tanzania.

Strong domestic and international investment has stimulated steep declines in HIV infections and deaths from AIDS-related illness. Yet East and Southern Africa remains very much affected by the HIV epidemic, accounting for 45 per cent of the world's HIV infections and 53 per cent of people living with HIV globally.⁸

The status of girls and women in this region, an important driver of child nutrition, is closely associated with the country's income level, as shown in the graph. As country income level increases, more girls enrol in secondary school, fewer girls are married before the age of 18 and fewer adolescent girls have babies. The status of women and girls also varies greatly from country to country. Rwanda is placed as the region's top performer – in 4th place – in the World Economic Forum Global Gender Gap report 2017, and the only country from sub-Saharan Africa ranked in the global top 10. Namibia (ranked 13th) and Burundi (placed 22nd, globally) are also hailed for progress in ensuring gender equality.⁹ Lesotho and Botswana have fully closed the gender gap in education. Namibia and Eswatini are also performing extremely well in this area.



⁷ Only Burundi had negative growth rate of -0.57% in 2016 and there is no data for South Sudan and Somalia.

⁸ UNAIDS, (2018). Miles to go: Closing gaps breaking barriers righting injustices. Global AIDS Update 2018. Available at: http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf [accessed November 2018].

⁹ World Economic Forum, (2017). The Global Gender Gap Report 2017: Sub-Saharan Africa. Available at: <http://reports.weforum.org/global-gender-gap-report-2017/sub-saharan-africa/> [accessed November 2018].

REACHING THE SUN MOVEMENT STRATEGIC OBJECTIVES

In 2018, 16 of 19 countries undertook their SUN Joint-Assessment. Regional scores between 2014-16 and 2017-18 show a similar solid performance over time, with an increase in the median total score from 63 per cent in 2014-2016 to 67 per cent in 2017-2018.



EXPAND AND SUSTAIN AN ENABLING POLITICAL ENVIRONMENT

The region appears, overall, to be performing well in ensuring an enabling environment for nutrition. 19 countries have formalised multi-stakeholder platforms (MSPs) at the national level. MSPs at the decentralised level exist in almost 65 per cent of countries across this region – which is key to ensure nutrition results everywhere.

Most focal points (8 in total) are placed in the Ministry of Health. In Zimbabwe, the SUN Focal Point is placed in the President's Office, while the Focal Point in Burundi works within the Vice President's Office. In Lesotho, Madagascar, Somalia, Tanzania and Uganda, SUN Focal Points are placed in the Prime Minister's Office. In South Sudan and Sudan, appointed SUN Focal Points act as Under-Secretaries of Health.

East and Southern Africa is working more and more across stakeholder groups for lasting success. 19 SUN countries have UN Networks for SUN and 10 of these are demonstrating good progress. 4 SUN Business Networks have been formally launched and Sudan, Uganda, Zimbabwe and Burundi are planning to establish theirs. 15 Civil Society Alliances have been set up, and 9 of these are deemed advanced in 2018. 7 SUN Donor Networks exist in this region, with 16 countries report working with the donor community at large.

A key result from this region is the mobilisation of high-level advocates for nutrition. 13 countries work with the media to spread the nutrition word, with parliamentarians to firmly cement nutrition in budgetary and legislative framework, and with academia to build and sustain the evidence-base on the importance of nutrition, which is key for policy-makers to make informed decisions.



The 2017 SUN Movement Global Gathering, recognised 3 laureates from East and Southern Africa. Hon. Ms. Spectacular Gumbira – a Junior Parliamentarian from Zimbabwe – has distinguished herself as an outspoken nutrition champion. Ms. Feno Velotahiana, President of the Malagasy Media Network for Nutrition, has helped spearhead mass awareness around malnutrition. Ms. Tisungeni Zimpita from Malawi, has, as the National Civil Society Alliance Coordinator, helped bring consistency among civil society actors to speak with one voice on issues of nutrition in her country.



"We need more young people in these forums, maybe we are wrong, but adults should listen to us because we can give a different perspective of life, a new point of view. You should listen to us."

SPECTACULAR GUMBIRA
Junior Parliamentarian, Zimbabwe
SUN 2017 Nutrition Champion

#ScaleUpNutrition #NutritionChampions #EatForum18





PRIORITISING AND INSTITUTIONALISING EFFECTIVE ACTIONS THAT CONTRIBUTE TO GOOD NUTRITION

As is the case for other SUN regions, the East and Southern Africa varies greatly in their ability to ensure a coherent legal and policy framework for nutrition.



Kenya, Malawi and Zimbabwe explicitly guarantee the right to adequate food in their Constitutions. This right is implicitly protected, through broader human rights, in the Constitutions of Burundi, Ethiopia, Madagascar, Mozambique and Tanzania.¹⁰ Other SUN countries have weak protection, while in Botswana and Comoros there is no constitutional protection to the right to food.¹¹



Overall, legislation that protects breastfeeding needs strengthening. Only Madagascar, Somalia, Zimbabwe and Comoros have maternity protection laws or regulations in place, with 10 having partial protection for mothers who

work. On the other hand, in Kenya, men get two weeks of paid paternity leave – one of the best across the SUN Movement – and in Madagascar, fathers can take up to 10 days paid leave upon the birth of their children.

As of 2018, Botswana, Madagascar, Mozambique, Tanzania, Uganda and Zimbabwe have full provisions of the International Code of Marketing of Breast-milk Substitutes in law. 6 countries have legal measures with many Code provisions in place, 2 have legal measures incorporating few Code provisions in law, and Eswatini, Lesotho, Namibia, Somalia, South Sudan have none. A key result is that Rwanda has many legal provisions in place – an upgrade from few provisions in 2016. The same rings true for Ethiopia, which was previously seen as having no legal measures to protect from aggressive marketing of breast-milk substitutes and has today been upgraded to having few provisions in law. Madagascar, Namibia and Eswatini report over half of their health facilities being certified as baby-friendly, however, the median for the region is only 4 per cent across the 16 countries who have data.¹²

ZIMBABWE IS THE ONLY SUN COUNTRY TO INCLUDE NCD TARGETS IN BOTH NATIONAL NUTRITION AND DEVELOPMENT PLANS



Mozambique and Eswatini have put in place policies to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt – an important step toward efforts to prevent a further increase in child overweight and obesity. Eswatini is the only country in the region who has fully achieved healthy diet policies for their women, men and families.



¹⁰ FAO, (2017). Right to Food around the Globe database. Available at: <http://www.fao.org/right-to-food-around-the-globe/> [accessed October 2018].

¹¹ There is no constitutional protection of the right to food in these countries and they are not yet a State party to the International Covenant on Economic, Social and Cultural Rights.

¹² WHO, (2017). National Implementation of the Baby-friendly Hospital Initiative. Available at: <http://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/> [accessed November 2018].



Burundi, Kenya, Malawi, Mozambique, Tanzania and Uganda are SUN Movement leaders in terms of putting in place mandatory food fortification legislation. However, 8 countries have no documented mandatory legislation for any food vehicles. Legislation plays a key role in ensuring household access to iodised salt: coverage of this essential nutrition intervention is lower (68 per cent) in countries without mandatory legislation in place compared to those that do (80 per cent).



IMPLEMENTING EFFECTIVE ACTIONS ALIGNED WITH COMMON RESULTS

East and Southern African countries have made great strides in aligning actions around common results at national, regional and sub-national levels. Today, 13 countries have put in place common results frameworks (CRFs) – with South Sudan, Somalia and Zambia in the process of developing or updating theirs. These 13 CRFs contain both nutrition-sensitive and nutrition-specific actions. 12 out of the 13 CRFs are accompanied by action plans. In Tanzania, the CRF has provided guidance to the implementation of the National Nutrition Plans – helping to translate its priorities into measurable targets of nutrition-sensitive actions, although the alignment of all sectors remains a challenge.

10 CRFs also have monitoring and evaluation frameworks. 5 countries are in the process of strengthening this element. Malawi has seen great progress in this area, with their harmonised monitoring framework, which was created in 2016, and a web-based National Multi-Sectoral Nutrition Information System from 2017, that better aligns with the Malawi Growth and Development Strategy III and World Health Assembly targets. Zimbabwe has created a near real-time monitoring system, which will house data on a web-based dashboard to help plan and monitor implementation of community workplans. In Kenya, the 2012-17 National Nutrition Action Plan (NNAP), which was recently reviewed, served as the country's CRF. In Burundi, the review of the 2014-2017 multi-sectoral food security and nutrition strategic plan (PSMSAN) is expected to highlight important lessons for the development of PSMSAN II.

SUN countries in East and Southern Africa still focus primarily on undernutrition, as reflected by the greater frequency of including WHA targets for stunting, wasting, low birthweight and anaemia in their national nutrition plans – with Ethiopia, Kenya, Malawi, Rwanda and Zimbabwe faring particularly well in their inclusion. As of 2016, only 5 countries have mentioned targets for child overweight, and 4 countries have targets for adult overweight/obesity in their national nutrition plans.



EFFECTIVELY USING AND SIGNIFICANTLY INCREASING FINANCIAL RESOURCES FOR NUTRITION

5 countries have conducted a national budget analysis of spending for nutrition in 2018, with Somalia and Zimbabwe undertaking this exercise for the first time. Except for Botswana, the level of spending for nutrition-specific interventions in the region is very low. However, Uganda's budget analysis has showed them to be a leader in the ratio of nutrition-specific to nutrition-sensitive spending (at 11 per cent). A key result of 2017-2018, however, is that more countries are scaling up financing for nutrition. 9 countries have costed their common results frameworks (CRFs) and 9 have identified funding gaps and sought to address them. In the reporting period, for instance, The Government of Tanzania has increased the nutrition budget by TSZ 4 billion, also through securing resources from external sources.

Botswana and Zambia are exceptional in terms of the share of government spending in the agriculture sector, relative to its contribution to economic value added. They represent the only countries in the whole SUN Movement with an Agriculture Orientation Index (AOI) greater than 1, reflecting a higher orientation toward the agriculture sector – a key sector in need of transformation for food systems to be sustainable. In Zimbabwe, the budget for the health sector has been raised by one-third during the reporting period, as a result of advocacy efforts.

Based on the latest analysis of donor funding for nutrition in SUN countries (from 2015), donor spending per stunted child under five for nutrition is the lowest, on average, of all SUN regions. This may be due – in part – to the high population¹³ and the presence of 2 upper middle-income countries.

Overall, the total spending per girl or boy under five by donors on high-impact nutrition-specific interventions is less than USD 1.00 in 11 of 19 countries. The ratio of donor spending for nutrition-specific to nutrition-sensitive interventions ranges widely across the region (from 7.5 per cent to 80 per cent) and is greater than 70 per cent in Burundi and Rwanda. The ratio is more than 50 per cent for Lesotho, Malawi, Mozambique, Tanzania and Uganda. Overall, countries in both regions of sub-Saharan Africa receive less donor support for high-impact nutrition practices compared to South Asia.¹⁴



THE WAY FORWARD: ACCELERATING PROGRESS

The East and Southern Africa region is diverse, with many countries, counties and communities facing a very high burden of acute and chronic child undernutrition and food insecurity. On the other hand, there are many bright stars who are making progress in key areas, such as exclusive breastfeeding and building social protection floors to protect the most vulnerable – an important lesson many countries in the SUN Movement can learn from. With overweight, obesity and diet-related diseases on the increase, countries must strengthen legislation and policies to address this head-on, without diverting attention and resources from efforts to reduce chronic high levels of undernutrition. Donors, in particular, need to rally around this region, in support of effective nutrition-sensitive and nutrition-specific actions. Ensuring adequate investments in women and girls – at work and in school – has the potential to turn the needle for a better nourished future in East and Southern Africa.

¹³ It is a well-known phenomenon that donors cannot supply a large enough volume of development cooperation to the largest-population countries. (SUN Econometric Analysis Report, September 2018)

¹⁴ SUN Econometric Analysis, 2018.

share YOUR STORY

SCALING UP NUTRITION IN EAST AND SOUTHERN AFRICA: STORIES OF CHANGE

PARLIAMENTARIANS TO THE RESCUE: INCREASING NUTRITION INVESTMENTS IN ZIMBABWE

In a bid to increase domestic investment in nutrition, the Zimbabwe Civil Society Organisations' Scaling Up Nutrition Alliance (ZCSOSUNA) – with support from Save the Children UK – involved junior parliamentarians to advocate for adequate governmental financial resources for nutrition. Honourable Spectacular Gumbira has distinguished herself as an outspoken nutrition champion amongst her peers in lobbying for increased nutrition financing in the country and beyond. Her call to the government is simple and on point: investing in nutrition is one of the smartest economic decisions a country can make, taking into consideration the fact that good nutrition is the foundation for human and economic development. Honourable Gumbira was given the 2017 SUN Champion award at the Global Gathering in Abidjan, Côte d'Ivoire.

After presenting evidence that the current governmental health and nutrition investment was inadequate for many Zimbabweans to members of the parliamentary portfolio committee on the Sustainable Development Goals, they promised to scrutinise the 2018 budget before approval and indicated that they will not approve a budget that does not address health and good nutrition. In 2018, the Finance Minister increased the health allocation, in which nutrition is embedded, by nearly a third – from ZWL 408 million to ZWL 520 million after Members of Parliament refused to pass allotments they deemed too low to address needs of all citizens.



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GIVING CONSUMERS A CHOICE: ZAMBIA FOOD BUSINESS LAUNCHES GOOD FOOD LOGO

In April 2018, a Good Food Logo was launched in Zambia, as a joint initiative between the Government and the SUN Business Network. This launch took place at the 2018 National Food and Nutrition Summit, with the theme Investing in Food and Nutrition for Accelerated National Development: Walk the Talk for Nutrition. Today, 40 per cent of girls and boys under 5 are stunted, at the same time as overweight, obesity and NCDs are on the rise in the country.

This logo is a mark or seal that will be applied on eligible products that meet predefined criteria, across various food groups, to help consumers identify nutritious foods in stores and support them in making better food choices. The nutrition criteria have undergone extensive scrutiny and has been developed by a set of technical experts from government (National Food and Nutrition Commission, Food and Drug authority and Zambia Bureau of standards), nutritionists, academia and scientist – with input from private sector.

This initiative has come about as a result of shift in focus in Zambia, from fighting undernutrition to addressing malnutrition in all its forms, acknowledging that an imbalance of nutrient intake can have different manifestations, even within the same person, during the lifecycle.

Addressing these manifestations of malnutrition demands new concepts and models and making sure consumers are given a choice, a healthier choice – for themselves and their families.

RWANDA COMMITS TO REDUCE STUNTING AND IMPROVE NUTRITION

In May 2018, Prime Minister of Rwanda, His Excellency Edouard Ngirente, launched a nationwide campaign against malnutrition, which aims to completely eradicate stunting among children and ensure better feeding habits. Given the long-term negative effects of stunting on human development, addressing chronic malnutrition will support Rwanda in attaining its aspiration to become a middle-income country.

This multi-sectoral stunting prevention and reduction programme – supported by the World Bank and includes grant financing by Power of Nutrition and the Global Financing Facility (GFF) – will have a particular focus on high-stunting districts, vulnerable populations, and the first critical 1,000 days – beyond which stunting becomes largely irreversible. Launched in Nyabihu District, the programme aims to scale up coverage of high-impact health and nutrition interventions across 13 high-burden stunting districts, improve the coverage and quality of childcare, feeding and hygiene practices.

The campaign will also look at strengthening food availability and dietary diversity among other targets. Nyabihu is one of the country's top producers of Irish potatoes. Yet, it is one of the districts with the highest rates of malnutrition in the country, a phenomenon that's largely blamed on lack of knowledge on healthy feeding. The 2015 Demographic Health Survey (DHS) showed that Nyabihu has the highest rate of preventable stunting in children under five. Nyabihu recorded 59 per cent stunting rate, far above the national average of 36.7 per cent.

“Though the rates of stunting have been going down over the years, our conviction is that we are not doing enough to move faster. As the country our aim is to stamp out malnutrition with zero case of stunting among Rwandan children,” Prime Minister Ngirente said.





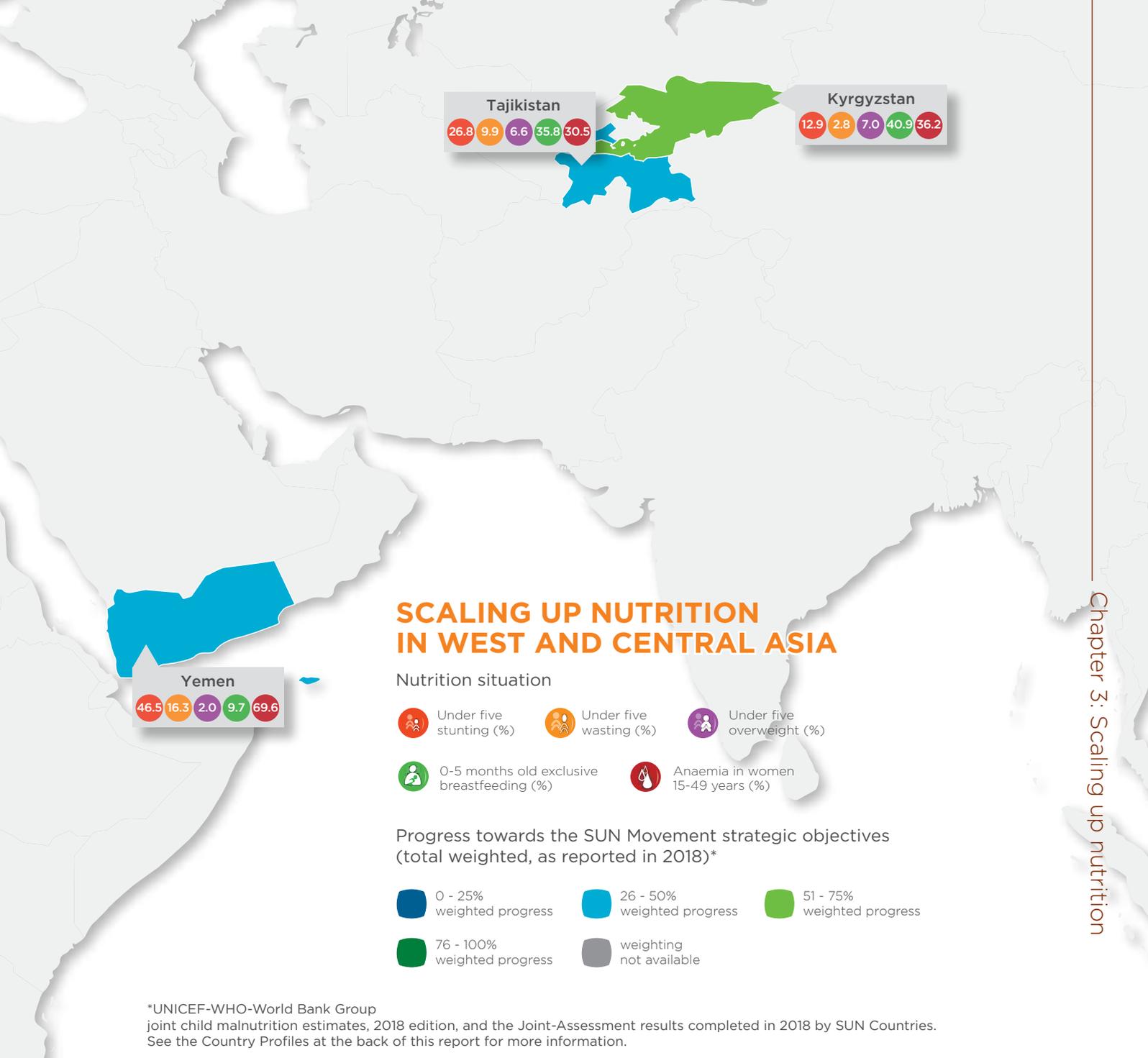
Scaling up nutrition in West and Central Asia

INTRODUCTION

The West and Central Asia region is the smallest region in the SUN Movement and comprises 3 diverse countries - Kyrgyzstan and Tajikistan in Central Asia and Yemen in West Asia (which overlaps the Middle East region). All 3 countries joined the SUN Movement between 2011 and 2013.¹

Although these countries are very diverse, they stand united in their commitment to scale up nutrition. All 3 countries have formalised multi-stakeholder platforms (MSPs) for nutrition in place and undertook the 2018 SUN Movement Joint-Assessment. These countries report marked progress towards the SUN Movement strategic objectives - with an increase of 20 percentage points in the median score between 2014-16 and 2017-18.

¹ Unless cited otherwise, data presented in this are from the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) database. These data have been compiled from various sources, as listed in the SUN MEAL Framework Baseline Document, which is available at: <https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-and-learning-meal/>.



Looking ahead, however, challenges in scaling up nutrition in this region remain, including a complicated economic and political climate faced by all 3 countries that could hamper further progress. Yemen, in particular, is in need of urgent and concerted efforts to halt the projected worst famine seen the world over in 100 years, which could render 13 million at risk of starvation.



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A SNAPSHOT OF NUTRITION AND DIETS ACROSS THE LIFECYCLE



Malnutrition trends range widely across West and Central Asia. Impressively, Kyrgyzstan is 1 of 6 SUN countries that are on track to achieve the World Health Assembly targets for both stunting and wasting in children (rates today stand at 13 and 3 per cent, respectively). Kyrgyzstan is, however, struggling to halt the rise in overweight

KYRGYZSTAN IS 1 OF ONLY 6 SUN COUNTRIES ON TRACK TO MEET GLOBAL TARGETS FOR BOTH STUNTING AND WASTING



in girls and boys under five, which stands at 7 per cent. Tajikistan faces multiple burdens of malnutrition among children under five – with moderate levels of child undernutrition (17 per cent stunting, 6 per cent wasting), and overweight (at 3 per cent). Whereas overweight is not a concern for children in Yemen, the country faces region faces a high prevalence of acute and chronic child malnutrition. Nearly half of all children under five are stunted (47 per cent) and 16 per cent of girls and boys are wasted.



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The breastfeeding picture in West and Central Asia is also quite varied. Kyrgyzstan is a leader in early breastfeeding initiation rates (at 83 per cent) and about half of infants in Tajikistan and Yemen start breastfeeding within an hour of birth. Exclusive breastfeeding rates among infants between 0-5 months are just under the SUN country average (which today is at 43 per cent) – 36 per cent in Tajikistan and 41 per cent in Kyrgyzstan. Only 1 in 10 infants in Yemen benefit from this life-saving intervention in a context where it is much needed, due to the humanitarian crisis and high prevalence of diarrhoea among young children (38 per cent).²



Anaemia in women and girls is a key concern in these 3 countries, with Tajikistan being the only SUN country in West and Central Asia considered to be making some progress in reducing anaemia levels. Over one third of pregnant (median 40 per cent) and non-pregnant women (median 36 per cent) were anaemic in 2016. In Yemen, 63 per cent of pregnant and 70 per cent of non-pregnant women were anaemic in the same year. Anaemia does not start in adulthood, but already affects adolescent girls between 15 and 19 years in both Kyrgyzstan and Yemen (at similar levels to women overall), and children under five in Tajikistan (42 per cent), Kyrgyzstan (43 per cent) and Yemen (86 per cent). About 16 per cent of children under five in these countries³ also suffer from vitamin A deficiency.

² WHO, (2018). Enabling women to breastfeed through better policies and programmes: Global breastfeeding scorecard 2018. Available at: <http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018/en/> [accessed October 2018].

³ Development Initiatives, (2017). Global Nutrition Report 2017: Nourishing the SDGs. Bristol, UK: Development Initiatives. Available at: http://165.227.233.32/wp-content/uploads/2017/11/Report_2017-2.pdf [accessed November 2018].



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As is the case across most SUN countries and regions today, a trend of steadily increasing overweight and obesity among adolescents and adults, alike, has been seen in all 3 countries between 2000 and 2016. Although obesity is rapidly increasing for both sexes, it is currently higher among women (at 19 per cent) than men (at 12 per cent) in the region. Nutrition-related non-communicable diseases (NCDs), such as diabetes and hypertension, are also of significant concern in these countries.



Infant and young child feeding practices in West and Central Asia are just above the average for all SUN countries – with approximately 1 in 5 children between 6 and 23 months receiving a minimum acceptable diet (median 20 per cent, range 15 to 33 per cent) and about one-third of children receive minimum diet diversity (median 35 per cent, range 21 to 38 per cent). These practices directly contribute to undernutrition and micronutrient deficiencies among young children in this region. Large inequities are also evident in this region – only 24 per cent of children from the poorest households receive minimum diet diversity compared to 41 per cent of children from the richest households. Children living in rural areas are also less likely to have minimum diet diversity. Kyrgyzstan is one of only a few SUN countries that has demonstrated significant progress in improving the proportion of children 6-23 months receiving a minimum acceptable diet, which has increased from 16 per cent in 2012 to 33 per cent in 2014.



Whereas, on the one hand, levels of undernourishment are, overall, high in Tajikistan and Yemen (at 33 and 26 per cent, respectively), the level of undernourishment is low in Kyrgyzstan (at 6 per cent). Food insecurity is also high in Yemen (as 60 per cent are considered moderately or severely food insecure), while Kyrgyzstan and Tajikistan have some of the lowest severe food insecurity rates across SUN countries (at 4.4 and 7.8 per cent, respectively). Kyrgyzstan, Tajikistan and Yemen are all heavily dependent on food imports, due to limited arable land in the case of the two Central Asian countries, whilst Yemen faces these challenges as a result of the ongoing conflict. In October 2018, the United Nations raised a warning that famine could overwhelm Yemen in the next 3 months, with 13 million people at risk of starvation.⁴

YEMEN COULD BE FACING THE WORST FAMINE IN 100 YEARS, THE UN HAS WARNED

⁴ The Guardian, (2018). Yemen on brink of 'world's worst famine in 100 years' if war continues. Available at: <https://www.theguardian.com/global-development/2018/oct/15/yemen-on-brink-worst-famine-100-years-un> [accessed October 2018].



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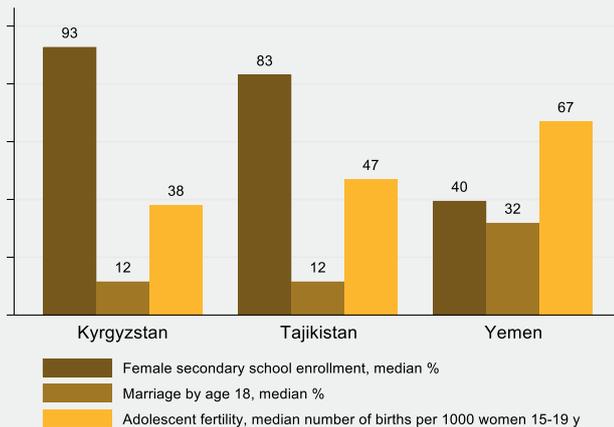


PROGRESS TOWARDS THE SDGs: MAKERS AND MARKERS OF GOOD NUTRITION

The 2 Central Asian countries are progressing towards the attainment of the Sustainable Development Goals, with Yemen being a unique case, given the ongoing conflict.

Nearly 20 per cent of women, men and their families in Yemen live below the poverty line (per 2014 data) compared to less than 5 per cent in Kyrgyzstan and Tajikistan (2015 data). Whereas the under-five mortality rate is on the decrease in Kyrgyzstan and Tajikistan, as it is globally, Yemen has returned to 2010 levels (55 deaths per 1,000 live births in 2016). Non-communicable disease (NCD) mortality rates are very high in Yemen, high in Kyrgyzstan and moderate in Tajikistan. Similarly, both Kyrgyzstan and Tajikistan have seen positive economic growth over the past years, while Yemen has seen a sharp decline in its economy during this period. Living conditions are very poor for a large proportion of the urban population in Yemen, where over 60 per cent live in slums. The status of girls and women in Kyrgyzstan and Tajikistan is above average for SUN countries (see figure 1). Over 80 per cent of girls are enrolled in secondary school, only 12 per cent of girls are married before the age of 18 and adolescent fertility is relatively low. In Yemen, the situation is less positive for girls and women, with only 40 per cent of girls enrolled in secondary school and much higher rates of early marriage and adolescent fertility.

Figure 1: Gender-related indicators for SUN countries in West/Central Asia



REACHING THE SUN MOVEMENT STRATEGIC OBJECTIVES

In 2018, Kyrgyzstan, Tajikistan and Yemen all undertook their Joint-Assessment by bringing together their nutrition communities. Promisingly, these Joint-Assessments show encouraging progress for all 3 countries, with an increase in the median total score from 39 per cent to 59 per cent between 2014-16 and 2017-18.



EXPAND AND SUSTAIN AN ENABLING POLITICAL ENVIRONMENT

All 3 countries in the West and Central Asia region have formalised multi-stakeholder platforms (MSPs) in place, at the national level. Kyrgyzstan is decentralising their MSP into 3 regions, following the formalisation of the national-level MSP in June 2016. In all 3 countries, SUN focal points are placed at high levels within Ministries: in Kyrgyzstan the focal point is the Vice-Prime Minister and Chair of the Food Security and Nutrition Council, in Tajikistan the focal point is the First Deputy Minister of Health and Social Protection and the Yemeni focal point is currently the Vice Minister of the Ministry of Planning and International Cooperation.

The region increasingly works with a more diverse group of stakeholders. For instance, in Tajikistan, the MSP now includes the Chamber of Industry and Trade, the Committee for Religious Affairs, and civil society organisations. In Yemen, the MSP Steering Committee has recently renewed its composition to ensure participation of high-level influential bodies and members from relevant sectors. In terms of SUN Networks, in 2017-2018, Kyrgyzstan and Tajikistan have set up all four SUN Networks (UN, civil society, business and donor), whilst Yemen is in the process of formally establishing networks for business, civil society and the UN. Kyrgyzstan has created a SUN Academic Network, while Tajikistan and Yemen also collaborate with scientists and academia to grow the evidence base. All 3 countries work with the media to spread the word about the importance of nutrition, which has been a key result in Yemen in 2017-2018. Kyrgyzstan and Tajikistan have scaled up their work with parliamentarians, champions and advocates to cement nutrition as a national priority over the past year. In 2017-2018, all 3 countries have made strides and concerted efforts to better coordinate the development of new national nutrition plans and strategies.



PRIORITISING AND INSTITUTIONALISING EFFECTIVE ACTIONS THAT CONTRIBUTE TO GOOD NUTRITION

The West and Central Asia region varies greatly in their ability to ensure a coherent legal and policy framework for nutrition - which is key to ensure the shift from inspiration to lasting human impact.



Whereas the Constitution of Kyrgyzstan implicitly protects the right to adequate food through broader human rights, the Constitutions of Tajikistan and Yemen both have directive principles that (aim to) contribute to the realisation of the right to adequate food. The current situation in Yemen, however, has led to challenges with political decision-making, which affects the development and enforcement of legislation.



In 2017-2018, the SUN Secretariat in Yemen has prepared a project aiming to stock-take nutrition-related laws and legislation in all relevant sectors. Although nutrition is a priority area across all 3 countries, the extent to which it is mentioned in their National Development Plans (NDP) varies, with Tajikistan's National Development Strategy 2030 being a good practice as food security and nutrition are clear components therein.

TAJIKISTAN IS RATED VERY HIGHLY FOR THE INTEGRATION OF UNDERNUTRITION INTO NATIONAL DEVELOPMENT POLICIES



Countries in the region have yet to adopt the ILO's Maternity Protection Convention, 2000 (No.183).⁵ Tajikistan meets the recommended paid maternity leave recommendations – to facilitate a decent work-life balance.⁶ Yemen ratified the ILO Workers with Family Responsibilities Convention, 1981 (No. 156) decades before the ongoing conflict broke out. All 3 countries have put in place legislation to support breastfeeding. Yemen has put in place full legal provisions for the International Code of Marketing of Breast-milk Substitutes. Kyrgyzstan and Tajikistan have put in place many provisions in law under this important Code. Tajikistan and Kyrgyzstan are SUN Movement leaders with regards to baby-friendly health facilities. In Tajikistan, 70 per cent of health facilities are certified as baby-friendly, which is the case for 38 per cent of health facilities in Kyrgyzstan, much higher than the median of 3 per cent across SUN Movement countries (where data is available).



All 3 countries have mandatory salt fortification legislation in place and the household coverage of iodised salt is at 49 per cent in Yemen, an impressive 99 per cent in Kyrgyzstan and 84 per cent in Tajikistan. Although Tajikistan was among the first countries in Central Asia to adopt a national law on iodisation of table salt (2002, amended in 2007), iodine deficiency disorders (IDD) remain a health challenge especially in the south and in mountainous areas of Tajikistan. Fortification of imported food, such as flour, in Kyrgyzstan and Tajikistan is an area for concern as sufficient standards have not been put in place, or, where they have, been followed – leading to a prevalence of micronutrient deficiencies (especially iron, which is a cause of anaemia). In Tajikistan, in 2017-2018, nutrition specialists across sectors have developed a draft law on the fortification of staple foods. SUN Networks in Kyrgyzstan also have been working together, during the reporting period, to ensure the endorsement and enforcement of laws on flour fortification and the prevention of iodine deficiency. Whereas Kyrgyzstan and Yemen have mandatory wheat flour fortification legislation in place, only Yemen has put in place standards on wheat flour fortification. Yemen also has mandatory oil fortification legislation and standards (since 2001).



Tajikistan is the only country in the region reported to have put in place policies to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt. Tackling the marketing of unhealthy food and drinks is essential to prevent a further rise in overweight and obese girls and boys in the region.



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⁵ Tajikistan has ratified the ILO Maternity Protection Convention (Revised), 1952 (No. 103).

⁶ Supra note 2.



IMPLEMENTING EFFECTIVE ACTIONS ALIGNED WITH COMMON RESULTS

SUN countries in the West and Central Asia region are scaling up work to align actions around common results. A review of nutrition policies, strategies and guidelines by MQSUN+ during the reporting period has culminated in recommendations for the new National Food Security and Nutrition Programme for 2018-2022 in Kyrgyzstan. All six World Health Assembly targets have been integrated into this new programme, as well as into the Health Development Strategy until 2030, for which MSP members provided input to better harmonise nutrition indicators for better results.

In Tajikistan, the Multi-Sectoral Nutrition Plan's Common Results Framework (CRF) is expected to be finalised by the end of 2018 and endorsed by mid-2019. However, key components of the CRF such as capacity building and training on nutrition are already being implemented. Work is ongoing to integrate CRF targets into sector-specific plans and policies at national and sub-national levels. This Plan will include fully costed nutrition-sensitive and nutrition-specific activities.

In Yemen, the costed Multi-Sectoral Nutrition Plan is being finalised and will be accompanied by a CRF for all sectors including agriculture, health, education, water, the environment, and fishery.

Across the region, holistic assessments and common monitoring systems need strengthening to ensure common nutrition goals are achieved.



EFFECTIVELY USING AND SIGNIFICANTLY INCREASING FINANCIAL RESOURCES FOR NUTRITION

In 2017-2018, both Kyrgyzstan and Tajikistan have taken part in the annual SUN Movement budget analysis exercise that looks at nutrition-specific and nutrition-sensitive spending for the second time. Yemen undertook theirs in 2016. The most recent information shows that nutrition-specific spending is low in 2 out of the 3 countries. Based on the latest analysis of donor funding for nutrition in SUN countries (2015), spending per stunted child under-five for nutrition in SUN countries in this region ranges widely - from USD 1.76 per stunted child in Tajikistan to USD 30.60 in Yemen. The total spending per child under-five by donors on high-impact nutrition-specific interventions is also very high in Yemen (at USD 6.65).

In Yemen, recent trends show that civil society organisations attract international donor funding and remain crucial for the implementation of nutrition actions. However, the operational expenses of technical departments in some government sectors are no longer funded, and the ongoing conflict makes it difficult to ensure long-term financial support. Most of Yemen's nutrition projects, indicators and financial details have been uploaded onto 'Map-Yemen', which will become available for users by the end of 2018.

In Kyrgyzstan, the Government allocates a limited amount of funding for nutrition that is tracked. The lack of a system for a comprehensive monitoring of nutrition expenditure - that also takes into account donor financing - renders the tracking of nutrition-sensitive actions very difficult. Kyrgyzstan has the second highest ratio of donor spending across SUN Movement countries (95 per cent) towards nutrition-specific to nutrition-sensitive interventions.⁷ There are no financial mechanisms in place to ensure continuity of humanitarian and development financing.

In 2017-2018, the financial contributions of development partners in Tajikistan were collected and integrated into the SUN financial tracking template, for the first time. This tracking exercise now includes budget expenditures for safe drinking water, vaccination, school feeding, food provision in hospitals, and sanitation and hygiene. Other aspects of funding and resource mobilisation will be addressed upon approval of the CRF.

⁷ Only Guinea-Bissau is higher, at 96 per cent.



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THE WAY FORWARD: ACCELERATING PROGRESS

Considering the 3 countries that form the West and Central Asia region of the SUN Movement are so diverse, there is no blue-print nor quick-fix solutions to ensure all women, men, girls and boys get the opportunity to enjoy good nutrition.

Urgent action and financial resources are needed in Yemen to prevent the worst famine seen the world over in 100 years and ensure that actions are taken to curb undernutrition, in particular. Looking ahead, the multi-sectoral nutrition plan will be finalised, and implemented, which is an important step in the right direction. Sectoral frameworks also need strengthening to this end, as does the capacity of institutions and nutrition-related sectors to implement nutrition-sensitive interventions. Formalising networks will also be key to bring more stakeholders onboard. Addressing gender norms and traditions, and ensuring women and girls take part in peacebuilding will be key to ensure better nutrition for Yemen.

In Kyrgyzstan and Tajikistan, there are more common areas to be scaled up, such as ensuring fortification standards are in place and enforced - with political ownership and leadership being key to ensure the nutrition agenda remains a top priority. Tajikistan can further embrace the multi-stakeholder approach, including working closely with civil society. The finalisation of the CRF and setting up an effective monitoring and evaluation mechanism will be important for both countries.

share YOUR STORY

ADVANCING NUTRITION IN FRAGILE CONTEXTS: EXPERIENCE FROM YEMEN

Yemen joined the Scaling Up Nutrition (SUN) Movement in 2012 with high-level commitment. Despite progress, the political crisis and outbreak of civil war in 2015 have made it challenging to move Yemen's nutrition agenda forward. MQSUN+ (and the predecessor project MQSUN)* has provided support to Yemen since 2013 to analyse the nutrition context and support prioritisation throughout the fluctuating nutrition and political context. Most recently, the SUN Yemen Secretariat (SUN-Yemen) has been collaborating with MQSUN+ to update their multi-sectoral nutrition plan.

Given the fragile context, MQSUN+'s support has centred on strong remote technical guidance, structure and tools to enable SUN-Yemen to facilitate the in-country action and collaboration throughout the process. SUN-Yemen has highlighted this support as a valuable opportunity for capacity building: Abdulkarim Nasser, Acting Head of SUN Yemen Secretariat, notes that *"MQSUN+ has provided SUN-Yemen with valuable inputs and consultancy. The activities related to updating the Multisector Nutrition Plan have developed SUN-Yemen functional capacities"*.

MQSUN+ recognises the commitment and growing empowerment of SUN-Yemen and that this work has been a true collaboration. Beyond the most recent phase of MQSUN+ support, Yemen leveraged the MQSUN+ outputs and technical guidance to convene stakeholders, gather consensus and collect information and data necessary to move its nutrition agenda forward.

The strong ownership demonstrated by SUN-Yemen has been pivotal to advancing nutrition commitments as a national development priority amidst the protracted crises. SUN-Yemen has highlighted key areas for UN partners and continued MQSUN+ collaboration in advance of their initiatives. *"MQSUN+ could provide SUN-Yemen with essential technical support in accomplishing the most urgent activities, such as establishing SUN-Yemen Networks. The SUN-Yemen annual workplan is available and clear; however, there is lack of operational support that could transform SUN-Yemen's work plan into real actions on the ground."*

Countries in conflict are often focused on their humanitarian response. However, through the SUN Movement mechanism and supplementary technical assistance, countries like Yemen can form strong collaboration with in-country partners to drive forward humanitarian and development progress for tackling malnutrition.



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*Maximising the Quality of Scaling Up Nutrition (MQSUN) and now MQSUN+ (2016-2020) provides technical assistance to DFID, SUN countries and the SUN Movement Secretariat to catalyse multisectoral country efforts to scale up nutrition impact.



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ACTIVISM BRINGS FORTIFIED FLOUR TO SUUSAMYR, KYRGYZSTAN

Ainagul Muratalieva has never seriously thought about fortification. To her, a simple sense of fullness was equal to good nutrition. She is the head of a local community-based non-governmental organisation. Ainagul and her family live in the remote village of Kozhomgul in Suusamyр valley, located behind the Too-Ashuu mountain pass, 20 km away from the road. Although it may seem that her village is located not far from the road, it is hard to reach the nearest large settlement – there is no regular transport and people have to take taxis, as the road to the nearest large settlement takes 2 hours and it is very expensive to get there.

In 2016, in Kozhomgul village representatives of KACS SUN – a civil society network within the national multi-stakeholder platform (MSP) for nutrition – arranged a workshop for their members on good nutrition – also focusing on the importance of fortified flour.

According to Tursun Mamyрbaeva, a nutrition specialist, *“flour fortification is one of the cheapest and most effective ways to prevent iron, zinc and folic acid deficiencies. It has been proven that flour fortification reduces the risk of iron deficiency and anaemia and decreases the incidence of neural tube defects in children by between 30 and 70 per cent”*.

Ainagul participated in this workshop and found out that there is no fortified flour available in her and neighboring villages, despite the Kyrgyz Law “On the mandatory fortification of baking flour”. After the workshop, village activists took the decision that their families should have the opportunity to buy fortified flour. Ainagul and her friends tried to negotiate with shop sellers in 7 ayil okmotus (municipalities) to only supply fortified flour.

Sellers arranged supply of fortified flour, but at a very high price. Then, the women decided to ask the taxi drivers to deliver fortified flour. However, the taxi drivers charged 100 Kyrgyz Som for delivery of each flour bag. Ainagul almost gave up. Luckily, KACS SUN, offered their help. The MSP unites civil society organisations, academia, public and international organisation and businesses, ensuring a fast exchange of information, access to each other’s resources and the opportunity to share a common language and joint actions.

For a few months, the Civil Society Alliance negotiated with the Millers’ Association regarding the lack of fortified flour. After the inspection of shops in 7 villages, they compared the size of the population and their flour needs. The Chairperson of the Millers’ Association, Rustam Zhunushev, discovered those manufacturers ready to help residents of the 7 villages in Suusamyр ayil okmotu (municipality). Akun, the largest producing flour company, came to the rescue.

Since autumn 2017, Ainagul has collected information about the flour required for shops, she gives this information to Akun, and she acts as the guarantor, to ensure the company gets the profits. In each village, Ainagul has help.

Today, fortified flour is sold in all 7 villages. Whereas, during the first month, the residents purchased 1,5 tons of fortified flour, they now consume 7 tons of fortified flour each month, and prices have dropped significantly.

All this has become possible due to advocacy of the SUN Civil Society Alliance among the residents of 7 villages in Suusamyр ayil okmotu. They have helped residents realise the importance of good health, especially, among mothers and children, through the consumption of flour fortified with iron, zinc and folic acid. Moreover, this has become a reality, and an important result for the MSP, which brings together the Government, civil society and businesses.

LOOKING AT MULTI-SECTORAL NUTRITION IN PRACTICE: A PERSPECTIVE FROM MQSUN+'S LOCAL CONSULTANT IN TAJIKISTAN



Mutriba Latypova and SUN Coordinator Gerda Verburg

The government of Tajikistan joined the Scaling Up Nutrition (SUN) Movement in September 2013. Since 2014, the DFID-funded Maximising the Quality of Scaling Up Nutrition (MQSUN)* and, now, the MQSUN+ project has been providing technical assistance to the country to review existing policy, conduct a nutrition gap analysis, map key stakeholders, and, recently, develop and operationalise their common results framework (CRF).

Since 2017, the MQSUN+ national consultant, Mutriba Latypova, has been supporting the CRF development. *“My role as an MQSUN+ national consultant is to help the country bridge the gap in the nutrition sector, to share global knowledge, and help the country to develop a technically-sound nutrition plan—taking into account global experience, lessons learnt and knowledge.”*

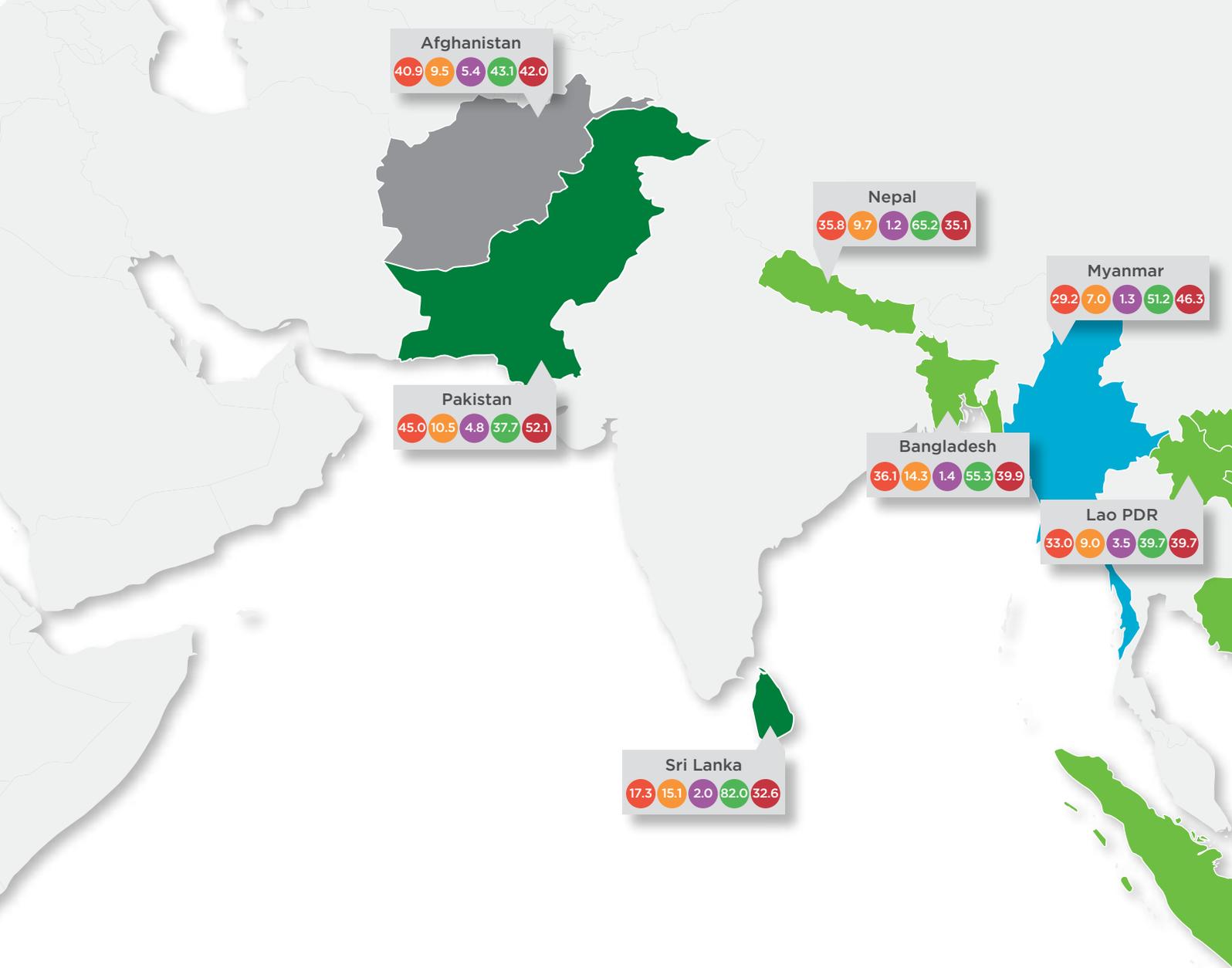
By playing such an integral role in the technical assistance team, Ms. Latypova has noted that her own capacity has been strengthened – in multi-sectoral planning and all its intricacies. *“Professionally, I have grown in understanding more about nutrition programming—nutrition-specific and sensitive interventions—and learnt how to work with consultants and colleagues within the country and outside.”*

This experience has been significant not only for her own professional development, but for the continued role she can now play in supporting country efforts to advance their nutrition agenda. From her support with MQSUN+, she has noted continuing progress in multi-sectoral nutrition collaboration, including the formation of sectoral working groups and a recent national advocacy workshop. She sees the next steps for the country to be finalising their multi-sectoral nutrition plan, reinforcing new and existing nutrition networks and forums, and continuing to advocate for nutrition across key sectors and stakeholders.



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*Maximising the Quality of Scaling Up Nutrition (MQSUN) and now MQSUN+ (2016-2020) provides technical assistance to DFID, SUN countries and the SUN Movement Secretariat to catalyse multisectoral country efforts to scale up nutrition impact.



Scaling up nutrition in South and Southeast Asia and the Pacific

INTRODUCTION

The South and Southeast Asia and the Pacific region encompasses 12 countries,¹ and three Indian states,² all committed to scaling up nutrition. These countries and States have joined the SUN Movement at various times in the Movement's lifespan – ranging from Bangladesh joining in 2010, the year the SUN Movement was launched, to as recently as this past year, when Afghanistan joined.³

¹ South Asian SUN countries include: Afghanistan, Bangladesh, Nepal, Pakistan and Sri Lanka. The three Indian States of Jharkhand, Maharashtra and Uttar Pradesh are also members of the SUN Movement. Southeast Asian SUN countries include: Cambodia, Indonesia, Lao People's Democratic Republic, Myanmar, Philippines and Viet Nam. Papua New Guinea is the only SUN country in the Pacific.

² Please note that the below analysis mainly concerns the 12 countries, and not the Indian States.

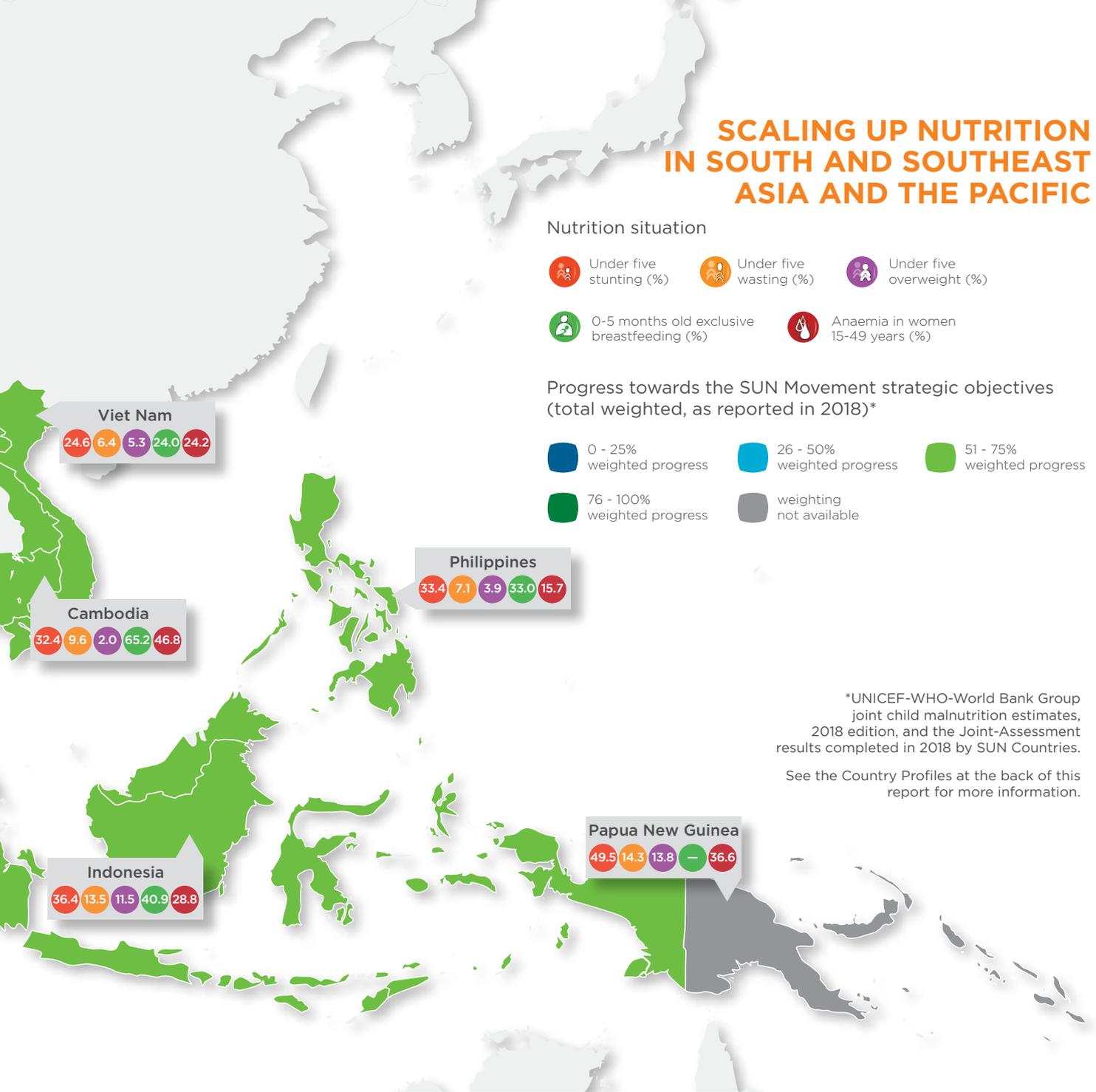
³ Unless cited otherwise, data presented in this section are from the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) database. These data have been compiled from various sources, as listed in the SUN MEAL Framework Baseline Document, which is available at: <https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-and-learning-meal/>.

SCALING UP NUTRITION IN SOUTH AND SOUTHEAST ASIA AND THE PACIFIC

Nutrition situation



Progress towards the SUN Movement strategic objectives (total weighted, as reported in 2018)*



*UNICEF-WHO-World Bank Group joint child malnutrition estimates, 2018 edition, and the Joint-Assessment results completed in 2018 by SUN Countries.

See the Country Profiles at the back of this report for more information.

All 12 countries⁴ have established a multi-stakeholder platform (MSP), with 11 countries having undertaken their SUN Movement Joint-Assessment in 2018. Scores towards the SUN Movement strategic objectives show a marked increase from a median of 52 per cent in 2014-2016 to 65 per cent between 2017-2018.

Looking ahead, it will be essential to address undernutrition (child stunting and wasting, in particular), while also preventing any further increase in overweight and obesity among children, adolescents and adults. Prioritising gender equality, ensuring the best possible infant and young child feeding practices and investing in maternal nutrition are essential going forward. Furthermore, tracking inequities within countries is needed to ensure that progress towards good nutrition for all becomes reality.

⁴ Papua New Guinea has yet to formalise their multi-stakeholder platform.



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A SNAPSHOT OF NUTRITION AND DIETS ACROSS THE LIFECYCLE

Although this is a region that is making considerable progress in certain areas, South and Southeast Asia and the Pacific faces difficult hurdles.



Child stunting, despite improvements, is at a median of 36 per cent – the highest of any SUN region. The regional average also masks wide disparities in national stunting levels – Papua New Guinea has the highest stunting prevalence in this region (almost 50 per cent), while Sri Lanka has the lowest stunting prevalence rate (17.3 per cent). Only Bangladesh is on track to achieve the World Health Assembly (WHA) stunting target.⁵

BANGLADESH IS 1 OF ONLY 7 SUN COUNTRIES ON TRACK TO MEET GLOBAL STUNTING TARGETS



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With a median prevalence of 9.7 per cent, child wasting continues to be a high priority – especially for South Asian and Pacific nations. Several countries in these two sub-regions have high rates of wasting – including Sri Lanka, Bangladesh and Papua New Guinea. 9 of 12 countries are experiencing high levels of both child stunting and wasting at the same time. Among the 8 countries with data for tracking progress in wasting reduction, only Nepal and Viet Nam are showing some progress. No country in this region is on track to meet the WHA wasting target of 3 per cent by 2030.



Some countries are seeing growing levels of overweight among girls and boys under five. This ‘double burden’ of malnutrition is more prevalent in middle-income countries. Across the SUN Movement, Indonesia and Papua New Guinea have the highest levels of overweight girls and boys, at 12 and 14 per cent, respectively. However, this region has some of the lowest prevalence rates of overweight in children, with a median of 3 per cent. Bangladesh, Cambodia, Indonesia, Myanmar and Nepal are on track to meet the WHA child overweight target.



The breastfeeding picture is quite varied. While half of newborns are put to the breast within an hour of birth, and a median of 43 per cent of infants under 6 months of age are exclusively breastfed, there are large gaps between the highest and lowest performing countries. Sri Lanka is the SUN Movement’s highest performer globally (at 82 per cent) in exclusive breastfeeding rates. Although Myanmar and Sri Lanka are on track to meet the WHA breastfeeding target, greater effort will be necessary by other countries to reach the new WHA target of 70 per cent by 2030, which means scaling up breastfeeding should continue to be a priority in this region.

MYANMAR AND SRI LANKA ARE ON TRACK TO MEET THE GLOBAL BREASTFEEDING TARGET

⁵ UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates, (2018). Levels and trends in child malnutrition: Key findings of the 2018 edition. Available at: <http://www.who.int/nutgrowthdb/2018-ime-brochure.pdf?ua=1> [accessed October 2018]. Stunting progress is not available for 4 countries in this region (Afghanistan, Lao PDR, Pakistan and Papua New Guinea). Philippines is considered as making no progress based on the most recent data available (2015).



Although Bangladesh, Nepal and Philippines have seen some progress in reducing anaemia among women of reproductive age, other countries have seen less success. Women bear a heavy burden of anaemia in this region, estimated at 43 per cent amongst pregnant women and almost 38 per cent among non-pregnant women of reproductive age. However, this region also boasts the highest median coverage, across the Movement, of women who report receiving at least 90 iron tablets during their most recent pregnancy (at 47 per cent). For greater impact, the focus needs to be on ensuring women have access to prenatal care, including micronutrient supplements, early in their pregnancy and receive a sufficient amount throughout.



South and Southeast Asia and the Pacific has the highest prevalence of underweight adolescents and adults across SUN regions. Levels of underweight adolescent girls (median 10 per cent) and boys (16 per cent) have remained steady. However, there has been a marked increase in overweight and obesity among adolescent girls (from 4 to 9 per cent, median) and boys (from 3 to 12 per cent, median) between 2010 and 2016. A unique feature of this region is that adolescent girls and boys face similar levels of overweight and obesity, whereas, elsewhere in the Movement, girls tend to have higher levels than boys. Among adults, underweight continues to affect 14 per cent of women and 15 per cent of men in 2016 (slightly lower than the 2000 estimates which were at 19 and 20 per cent, respectively), while the median prevalence of overweight and obesity has increased by approximately 10 percentage points in both women and men. Currently, a median of 29 per cent of women and 21 per cent of men are considered overweight or obese.



Inadequate infant and young child feeding practices play a key role in the high prevalence of undernutrition and micronutrient deficiencies. Whereas some progress has been seen in ensuring exclusive breastfeeding, in contrast, during the critical period from 6 to 23 months of age, only 1 in 4 children receives a minimum acceptable diet (median 27 per cent across 8 countries with data) and 2 in 5 receive minimum diet diversity (median 40 per cent across 9 countries with data). The gap between the richest and poorest is particularly stark for this region – 28 per cent of children from the poorest households receive minimum diet diversity as opposed to 52 per cent of the richest children. Nepal and Cambodia have shown encouraging signs of progress between 2010 and 2016 in improving complementary feeding practices.⁶ Data from Bangladesh, Cambodia, Myanmar and Nepal reveals that over half of children under five are anaemic (range 51 to 58 per cent).



While over two-thirds of households are consuming iodised salt (median 69 per cent), national coverage for this essential nutrition intervention ranges widely from 52 to 95 per cent. All SUN countries except Viet Nam appear to have adequate iodine intake for women, men and their families. Legislation to promote consumption of iodised salt is essential in this context.⁷



An estimated 486 million people are undernourished in the region as a whole – SUN country or not – with little progress seen over the past two years.⁸ In fact, an increased prevalence of undernourishment was evident in Afghanistan, Cambodia and Philippines between 2000 and 2016. These 3 countries had the highest prevalence of severe food insecurity in the region in 2016, at 16 per cent, 14 per cent and 13 per cent, respectively. There are various challenges facing this region that have an impact on food security, including natural disasters such as the susceptibility to typhoons, earthquakes and flooding, as well as other humanitarian risks. 5 countries in this region are classified as high humanitarian risk contexts, with Afghanistan and Myanmar considered very high-risk contexts.

⁶ Based on analysis of UNICEF's Global IYCF Database, the percentage of children 6-23 months old that received a minimum acceptable diet increased from 24 to 36 per cent in Nepal (2011 to 2016) and from 24 to 30 per cent in Cambodia (2010 to 2014). The percentage of children 6-23 months that received minimum diet diversity increased from 27 to 45 per cent in Nepal and from 30 to 40 per cent in Cambodia.

⁷ Iodine Global Network, (2018). Iodine deficiency comes back to Vietnam. Available at: <http://www.ign.org/p142003459.html> [accessed November 2018].

⁸ FAO, (2018). Asia and the Pacific Regional Overview of Food Security and Nutrition 2018 – Accelerating progress towards the SDGs. Available at: <http://www.fao.org/3/CA0950EN/CA0950EN.pdf> [accessed October 2018].



PROGRESS TOWARDS THE SDGS: MAKERS AND MARKERS OF GOOD NUTRITION

10 countries are considered lower middle-income and 2 are low-income countries. Based on 2016 data, all countries are experiencing positive economic growth, with an average annual GDP growth of 5 per cent per capita. The median rate of poverty in the region is at 7.5 per cent. The coverage of social protection programmes, important tools to reduce poverty and inequity, also varies widely in this region from 3 to 49 per cent (median 26 per cent).

The median under five mortality rate has steadily declined from 47.5 deaths per 1,000 live births in 2010 to 33 in 2017. However, a new study reveals that this rate is around 2.5 times higher among the poorest girls and boys compared to the richest – the highest level of inequity across all regions with low and middle-income countries.⁹ Among adults, the mortality rate attributed to NCDs is closely associated with levels of overweight and obesity in this region, reflecting the importance of taking action now to prevent further increases in overweight and obesity across all age groups.

Except for Papua New Guinea, most countries are making good progress toward targets for water and about half met the 2015 Millennium Development Goal (MDG) target for sanitation. However, there is a clear association in this region between lower levels of population access to basic sanitation services and higher prevalence of child diarrhoea, a contributor to undernutrition.

The status of women and girls varies across this region. In Afghanistan, Bangladesh, Lao PDR and Nepal, over one-third of girls are married or in a union before the age of 18 years. In Afghanistan, Cambodia, Pakistan and Papua New Guinea, only 35 to 41 per cent of girls are enrolled in secondary school. According to the World Economic Forum Global Gender Gap Index, South Asia, as a sub-region, has the lowest score with an average remaining gender gap of 34 per cent.¹⁰ Having said that, South Asia has also made the fastest progress on closing its gender gap of any world region. Philippines, finds itself in the top 10 performers across the world, having closed over 79 per cent of their gender gap, overall, and having fully closed their gender gap in education. Myanmar (ranked in 83rd place), a part of this Index for the first time, in the reporting period, has closed its gender gap in secondary and tertiary school enrolment.

⁹ Chao et al., (2018). National and regional under-5 mortality rate by economic status for low-income and middle-income countries: a systematic assessment. *Lancet Global Health*; 6: e535-47. Available at: <https://data.unicef.org/wp-content/uploads/2018/09/National-and-regional-U5MR.pdf> [accessed October 2018].

¹⁰ World Economic Forum, (2017). The Global Gender Gap Report 2017. Available at: <https://www.weforum.org/reports/the-global-gender-gap-report-2017> [accessed November 2018].

REACHING THE SUN MOVEMENT STRATEGIC OBJECTIVES

In 2018, 11 of 12 countries¹¹ undertook the SUN Movement Joint-Assessment by bringing together various stakeholders. Afghanistan, the newest SUN country, undertook a baseline study to ascertain the status quo. This section outlines some of the findings on the challenges and progress made in the countries.



EXPAND AND SUSTAIN AN ENABLING POLITICAL ENVIRONMENT

All 12 countries have functioning multi-stakeholder platforms (MSP) in place, showing country-level commitment to the SUN approach. MSPs work at the decentralised level in 7 countries, with Afghanistan and Viet Nam in the process of decentralising theirs.

All countries have SUN focal points, working at various levels, including within the office of the Chief Executive in Afghanistan, the office of the Prime Minister in Cambodia, and the President's Office in Sri Lanka. In Bangladesh, Lao People's Democratic Republic, Myanmar, and Viet Nam, the focal points work within the Ministry of Health.

In this region, the MSPs have cast their nets wide to make sure the right stakeholders rally around country-level nutrition results. SUN Civil Society Alliances are gaining greater visibility and presence, with 8 countries reporting having advanced Alliances, and 2 countries have Alliances that are just starting up.¹² All countries have SUN Donor Networks and UN Networks for SUN in place. 9 countries report working with businesses and Indonesia, Pakistan, Bangladesh and Lao People's Democratic Republic have formally launched their SUN Business Networks – with networks in Myanmar, Viet Nam and Sri Lanka in the pipeline.

9 of 12 countries report working with academia, to strengthen the research base for making policy and programme decisions, and 9 countries work with the media – which is essential to ensure information about healthy diets and nutrition reaches policy-makers and households, alike. Advocates for nutrition are key to ensure the fight for good nutrition for everyone, everywhere remains high on the political agenda. 7 countries report working with parliamentarians and nutrition champions, to this end.



At the 2017 SUN Movement Global Gathering, the Movement presented 2 eminent individuals with SUN Nutrition Champion Awards, recognising the efforts of Hon. Ms. Saira Iftikhar, a Member of Parliament from Pakistan and Hon. Prof. Dr. Geeta Bhakta Joshi, a former member of the National Planning

Commission in Nepal who has helped put nutrition front and centre of national development.



¹¹ Papua New Guinea is the only country in this region who did not undertake their 2018 Joint-Assessment. Jharkhand, Maharashtra and Uttar Pradesh do not undertake Joint-Assessments.

¹² Afghanistan and Viet Nam do not, as yet, have SUN Civil Society Networks.



PRIORITISING AND INSTITUTIONALISING EFFECTIVE ACTIONS THAT CONTRIBUTE TO GOOD NUTRITION

Policies, legislation and actions – with governments in the driver’s seat – are essential to scale up nutrition. The South and Southeast Asia and Pacific region are slowly but surely progressing towards ensuring a coherent policy and legislative framework for improved nutrition.



Nepal and Philippines have explicit constitutional protection of the right to adequate food, while the Constitution of Indonesia implicitly guarantees the right to adequate food, through broader human rights.



There appears to be a movement in this region towards the alignment of national nutrition plans with international targets relevant to nutrition and the Sustainable Development Goals (SDGs). In Nepal, the Multi-Sectoral Nutrition Plan has integrated SDG and WHA targets. This region ranks the highest across the Movement when it comes to including WHA targets into national nutrition plans.



Making maternity protection legislation effective, extending it to all women, and ensuring its implementation, including paid leave and adequate number of nursing breaks, is key to ensure women who work have an opportunity to raise a healthy, well-nourished family. Bangladesh and Viet Nam have full maternity protection in place, with 6 countries having partial legislation to protect mothers at work. No country in this region has ratified the ILO Maternity Protection Convention, 2000 (No. 183). All countries have put in place legislation to prevent the inappropriate marketing of breast-milk substitutes and 7 countries have full provisions in law in line with the International Code of Marketing of Breast-milk Substitutes¹³. Implementation of the Baby-Friendly Hospital Initiative faces many challenges, with data from 10 SUN countries in this region revealing a median of 12 per cent of healthcare facilities and maternity wards being considered baby-friendly.¹⁴



None of the countries in this region have policies in place to reduce the impact of marketing of food and beverages on children. This is particularly important for stemming the increase in child overweight and obesity.

MAHARASHTRA HAS PUT IN PLACE A MID-DAY MEAL PROGRAMME, ALIGNED WITH THE NATIONAL NUTRITION PROGRAMME, TO BOOST SCHOOL ATTENDANCE AND BETTER THE HEALTH OF CHILDREN

¹³ 3 countries have many provisions in line with the International Code of Marketing of Breast-milk Substitutes and 2 countries have few provisions in place.

¹⁴ WHO, (2017). National Implementation of the Baby-friendly Hospital Initiative. Available at: <http://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/> [accessed November 2018].



IMPLEMENTING EFFECTIVE ACTIONS ALIGNED WITH COMMON RESULTS

All countries have, or are developing, a Common Results Framework (CRF). All active CRFs in this region include nutrition-specific and nutrition-sensitive interventions and are accompanied by action plans and monitoring and evaluation frameworks.

The region has made strides towards better integrating overweight and obesity in National Development Plans. In Indonesia, SUN Networks are supporting, contributing to and participating in setting national priorities and ensuring nutrition is included, also beyond the 2019 Government Annual Workplan (RKP 2019) and National Medium-Term Development Plan (RPJMN 2015-2019).

Countries highlight that national nutrition plans are meant to act at, and target, sub-national levels. Monitoring at sub-national levels is taking place and there are plans to increase coverage and health surveys for better understanding of collective progress. Some have noted the need for better country linkages or collaboration between sub-national and national levels.

The region fares well in putting in place information systems for nutrition. Viet Nam's National Nutrition Surveillance System (NNSS) has helped inform planning and monitoring of progress toward the goals set out in the National Nutrition Plan of Action. Provincial profiles generated from the annual surveys have contributed to increased awareness of child malnutrition rates and feeding practices among provincial governments.



EFFECTIVELY USING AND SIGNIFICANTLY INCREASING FINANCIAL RESOURCES FOR NUTRITION

Many mechanisms are in place in this region to track and help facilitate financing for nutrition. Only Viet Nam took part in the 2018 SUN budget analysis exercise, having also undertaken this in 2015 and 2016.

All countries have either costed, or are in the process of costing, their Common Results Frameworks (CRFs). 9 out of 11 countries are estimating financing gaps, to be filled by government, external partners/donors or non-governmental actors. 9 countries have noted an alignment between donors and the CRFs.

Many countries have reported increases in funds available and public expenditure for nutrition – hopefully indicating that nutrition is increasingly recognised as a priority. In many cases, nutrition spending is included in national budgets and plans. Monitoring and evaluation mechanisms exist for financing activities, but that could be strengthened.

Data on national budget spending for nutrition in 2016 are available for 7 countries. These governments budgeted a median of USD 7.40 per child under five for nutrition-specific interventions in 2016 – the second highest amount across the SUN regions. However, the ratio of spending on nutrition-specific to nutrition-sensitive spending was estimated at only 5.5 per cent (median). This may reflect both an absence of nutrition programmes and interventions in national budgets, and an inherent difficulty in tracking nutrition-specific activities when they are integrated into sectoral programmes.

An analysis of donor funding for nutrition shows some encouraging trends for the region overall, in terms of an increase in average spending per stunted child under five from USD 8.80 in 2013 to USD 14.30 in 2015. Donor spending per child under five for high-impact nutrition-specific interventions has also increased from USD 0.80 in 2013 to USD 1.88 in 2015. However, the ratio of donor spending for nutrition-specific versus nutrition-sensitive interventions decreased from 69 per cent in 2013 to 30 per cent in 2015.



THE WAY FORWARD: ACCELERATING PROGRESS

The adoption of a multi-sectoral and multi-stakeholder approach to fight malnutrition, in all its forms, and sub-nationally, is clearly high in South and Southeast Asia and the Pacific, which bodes well for the future of this region. More and more, countries work across sectors and stakeholders in support of government-led plans and programmes – also backed by donor support. To make sure no one is left behind and to ensure global nutrition targets, including the World Health Assembly targets, are met by 2030, however, many countries are still to overcome many obstacles. This includes tackling pervasive undernutrition in the region, while also preventing a rise in overweight and obesity. This challenge cuts across all age groups, from young children to adolescents and adults. Reducing child undernutrition will require actions to improve maternal nutrition, the quality and quantity of diets for young children and the sanitation and hygienic environments in which families live. As no country in the region has fully put in place healthy diet policies, looking ahead, this will be a key area to scale up. Ensuring the empowerment of women and girls and gender equality, will be essential for lasting success and a healthy, well-nourished future in South and Southeast Asia and the Pacific.



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A ROLE FOR BUSINESSES TO PLAY: LAO PDR LAUNCHES BUSINESS NETWORK

Businesses are rooted in their communities, and when their communities suffer from malnutrition they can have a role in uplifting them. With a focus on food security and reducing levels of malnutrition, Lao PDR launched its SUN Business Network in June 2018.

220 participants and 19 businesses have registered to this new initiative. It will be a unique platform for businesses to provide local solutions for improving access to and the availability of nutritious food, products and services. The Network aims to identify ways to mobilise businesses to invest in nutrition and sustainable operations. Businesses have also been enticed to join with free membership and access to networking events, updates on nutrition news, workshops, publicity on international forums, and access to Corporate Social Responsibility programmes.

“Businesses increasingly recognise that nutrition is closely linked to business growth and that malnutrition has a major impact on economic development, productivity and performance,” said H.E. Leo Faber, the EU Ambassador to Lao PDR.

Cross-country learning has begun, when delegates from the SUN Business Network Laos met with the SUN Business Network global team (GAIN and the World Food Programme), and representatives from Bangladesh and Sri Lanka.

This solid foundation creates an attractive space for companies to take part in nutrition efforts and establishes the groundwork for new projects and partnerships to take hold.



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GEARING UP TO MAKE MYANMAR BREASTFEEDING FRIENDLY

Myanmar is implementing a **becoming breastfeeding friendly (BBF)** project with the support from Yale University. BBF is a methodology based on Breastfeeding Gear Model (BFGM) to create an evidence-based toolbox to help guide the development and tracking of large-scale, well-coordinated, multi-sectoral, national breastfeeding promotion programmes.

The BFGM stipulates that eight “gears” - Advocacy, Political Will, Legislation & Policies, Funding & Resources, Training & Programme Delivery, Promotion, Research & Evaluation, and Coordination, Goals & Monitoring - must be at work and in harmony for large-scale improvement in a country’s national breastfeeding programme. The BBF requires the formation of an in-country working group, comprising experts from different areas, to identify gaps, score the ‘gears’ and provide policy recommendations.

The BBF is a joint-initiative, as the BBF in-country working group is formed with representatives from government ministries, UN agencies, civil society organisations and a parliamentarian. The Working Group is chaired by Dr. May Khin Than, Director of the National Nutrition Center (NNC), from the Ministry of Health and Sports (MOHS) and co-chaired by Dr. Swe Le Mar, Assistant Director from NNC and Soe Nyi Nyi, Nutrition Advocacy Advisor for the Secretariat of the SUN Civil Society Alliance in Myanmar, which is hosted by Save the Children.

The BBF is deemed very important for the Civil Society Alliance and the multi-stakeholder platform (MSP), as it provides a great opportunity to inform the Government on how to strengthen policies to ensure breastfeeding is promoted, protected and supported in Myanmar.

ACHIEVING THE SDGs THROUGH SHARING AND LEARNING AND SOUTH-SOUTH COOPERATION: AFGHAN FOOD SECURITY AND NUTRITION AGENDA STAKEHOLDERS GO TO BANGLADESH



In 2018, a 12-member, high-level delegation from the Afghan Food Security and Nutrition Agenda (AFSeN-A) visited Bangladesh to learn about multi-sectoral and multi-stakeholder coordination and governance in food security and nutrition. The delegation, headed by H.E. Nasrullah Arsalai, Director General of the Afghan Council of Ministers' Secretariat and SUN Focal Point, spent five days in Bangladesh to learn about the Bangladesh experience in strengthening the policy, investment,

monitoring and governance frameworks in food security and nutrition, so that this could be taken back to Afghanistan. This South-South cooperation study visit was carried out under the joint FAO - European Union initiative on "Food and Nutrition Security, Impact, Resilience, Sustainability and Transformation (FIRST)" Programme.

Recognising the importance of addressing food insecurity and malnutrition, the Government of Afghanistan launched the AFSeN-A in October 2017, following joining the SUN Movement, "to ensure that no Afghan suffers from hunger and every Afghan is well nourished at all times".

Bangladesh was chosen for this tour as a result of its unique multi-sectoral coordination mechanism and inclusive approach on food security and nutrition involving different stakeholders, at all levels. The team visited 16 different institutions including research institutes, departments, ministries, authorities, and universities, where they learnt, first-hand, about the progress Bangladesh has made in a variety of sectors. There was some focus in some key areas that could be successfully used in context of Afghanistan, such as nutrition-sensitive and climate-sensitive agriculture; fortification and bio-fortification; targeted programmes for vulnerable people; the development of environment-friendly pesticides and stress tolerant crop varieties; and the development of local technology to help farmers.

Following the visit, the delegation has developed a series of conclusions that will provide policy and decision-makers with insights as how to improve food security and nutrition-related actions in Afghanistan, which will eventually lead to the elaboration of a cooperation plan in this area between the two countries.



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Scaling up nutrition in Latin America and the Caribbean

INTRODUCTION

4 countries in Latin America (Costa Rica, El Salvador, Guatemala, Peru) and 1 in the Caribbean (Haiti) are members of the SUN Movement. The region's commitment to scaling up nutrition is clear, with Guatemala and Peru being two of the SUN Movement's 'earliest risers', with the other 3 following suit between 2011 and 2014.¹

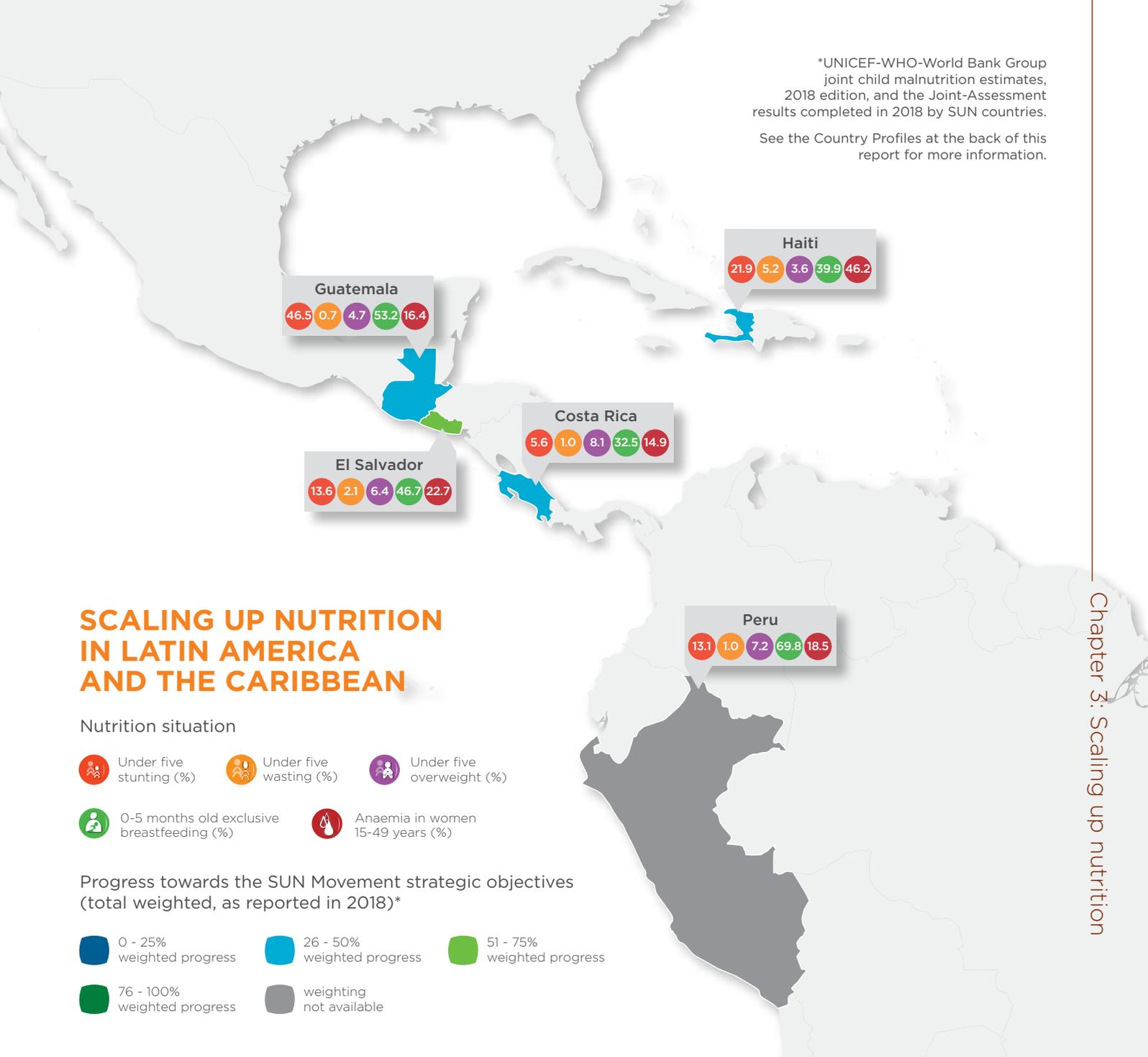
These 5 countries are diverse in terms of their historical, geographical and economic contexts. They range from low-income to upper middle-income countries and are at various levels of risk vis-à-vis humanitarian crises disasters, ranging from low to very high risk. However, what unites this region is their efforts to reduce malnutrition, in all its forms, through multi-sectoral approaches. All countries in the region have established a multi-stakeholder platform (MSP) – with 4 out of 5 countries having undertaken their SUN Movement Joint-Assessment in 2018.² Progress towards the SUN Movement strategic objectives has been maintained since 2016.

¹ Unless cited otherwise, data presented in this section are from the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) database. These data have been compiled from various sources, as listed in the SUN MEAL Framework Baseline Document, which is available at: <https://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-and-learning-meal/>.

² In 2018, all countries in the region except Peru undertook the SUN Joint-Assessment.

*UNICEF-WHO-World Bank Group joint child malnutrition estimates, 2018 edition, and the Joint-Assessment results completed in 2018 by SUN countries.

See the Country Profiles at the back of this report for more information.



SCALING UP NUTRITION IN LATIN AMERICA AND THE CARIBBEAN

Nutrition situation

- Under five stunting (%)
- Under five wasting (%)
- Under five overweight (%)
- 0-5 months old exclusive breastfeeding (%)
- Anaemia in women 15-49 years (%)

Progress towards the SUN Movement strategic objectives (total weighted, as reported in 2018)*

- 0 - 25% weighted progress
- 26 - 50% weighted progress
- 51 - 75% weighted progress
- 76 - 100% weighted progress
- weighting not available

Looking ahead, accelerated action will be needed to curb overweight, obesity and undernutrition, alike, and ensure a healthy, nutritious future for all women, men and their families.



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A SNAPSHOT OF NUTRITION AND DIETS ACROSS THE LIFECYCLE

Although trends vary greatly from country to country in this region, certain parallels can be drawn vis-à-vis malnutrition and food security trends.



Girls' and boys' nutrition status under five years old varies from country to country in Latin America and the Caribbean. Stunting levels are some of the lowest across the SUN Movement in Costa Rica, El Salvador and Peru (lower than 15 per cent), but high in Haiti (at 22 per cent) and very high in Guatemala (46 per cent of children).

EL SALVADOR AND PERU ARE 2 OF ONLY 6 SUN COUNTRIES ON TRACK TO MEET GLOBAL TARGETS FOR BOTH STUNTING AND WASTING



Low levels of wasting in children is seen across this region, with Costa Rica, Guatemala and Peru having a prevalence of wasted girls and boys that stands at 1 per cent, or below. Wasting is more prevalent in El Salvador and Haiti – which today is at 2.1 per cent and 5.2 per cent, respectively. Both El Salvador and Peru, however, are on track to meet World Health Assembly targets for both stunting and wasting.



A unique feature of this region is the notable increase in children who are overweight – with Haiti being a regional outlier with undernutrition still being the main concern. In the Latin American countries, the percentage of overweight girls and boys ranges between 5 and 8 per cent, exceeding the WHA 2030 target of reducing and maintaining childhood overweight to less than 3 per cent.

“WHILE EFFORTS TO ADDRESS UNDERNUTRITION [IN LATIN AMERICA] HAVE MADE MARKED IMPROVEMENTS, CHILDHOOD OBESITY IS ON THE RISE AS A RESULT OF DIETS THAT FAVOUR ENERGY-DENSE, NUTRIENT-POOR FOODS AND THE ADOPTION OF A SEDENTARY LIFESTYLE.”²



Close to half of infants 0-5 months of age are exclusively breastfed (with a median of 47 per cent). Peru is the region's highest performer, with an exclusive breastfeeding rate of 69.8 per cent,⁴ followed by Guatemala (at 53.2 per cent) and El Salvador (at 46.7 per cent). Haiti and Costa Rica's exclusive breastfeeding rates are at 39.9 and 32.5 per cent, respectively – which means that promoting breastfeeding of infants should be prioritised in these countries, in particular. About half (median 55 per cent) of infants are breastfed within an hour after delivery (with a range of 42 to 63 per cent) – although children from the richest households and those in urban areas are less likely to initiate breastfeeding early. SUN countries in this region are also doing well in terms of continued breastfeeding until a girl or boy reaches 1 year. Guatemala performs exceptionally well – with a rate that stands at 85.3 per cent, followed by Peru (at 79.6 per cent) and Haiti (at 76.9 per cent).

³ Corvalan et al., (2017). “Nutrition status of children in Latin America” Obesity Reviews 18 (Suppl. 2), pp. 7–18.

⁴ WHO, (2018). Enabling women to breastfeed through better policies and programmes: Global breastfeeding scorecard 2018. Available at: <http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018/en/> [accessed November 2018].



All countries share the problem of anaemia in women, affecting a median of 26 per cent of pregnant and 18 per cent of non-pregnant women. Haiti bears the highest burden, with anaemia affecting 65 per cent of children under five, 56 per cent of adolescent girls between 15 and 19 years old, and 46 per cent of women. Efforts to address high levels of anaemia among women include the promotion of iron supplements for women during pregnancy. Peru, Guatemala and Haiti are reaching over 70 per cent of women with at least some iron supplements during pregnancy.



Overweight and obesity in adults has also become an important health issue for Latin America and the Caribbean, with the region having the highest prevalence of overweight and obesity across the SUN Movement. The prevalence of overweight and obesity is greater than 60 per cent among adult women in every country. Prevalence among adult men and adolescent girls and boys is also very high. The increasing levels of overweight and obesity reflect improvements in socio-economic conditions, increases in women's employment, rapid urbanisation, changes in the food system and increased use of private transportation that interact in complex ways and influence diet and activity patterns.⁵ Along with the increase in overweight and obesity comes an increase in non-communicable diseases (NCDs) – diabetes is estimated to affect an average of 10 per cent of men and women in the region and all 5 countries are off track to achieve the NCD target for reducing diabetes.



Infant and young child feeding practices are important contributors to child malnutrition and micronutrient deficiencies. A high proportion of children 6-23 months of age in Latin American SUN countries receive a minimum acceptable diet and minimum diet diversity (with a range between 52 and 65 per cent for minimum acceptable diet and minimum diet diversity rates between 59 to 78 per cent). The picture is different for children in Haiti, however, where only 14 per cent receive a minimum acceptable diet and 23 per cent receive minimum diet diversity, similar to most other countries across the Movement.



Iodised salt is another important action to improve micronutrient status of children and their families. The coverage of iodised salt is high (above 85 per cent) in Peru and Guatemala but very low in Haiti (at 16 per cent).



In comparison to other SUN Movement countries, the Latin America and Caribbean region has the lowest prevalence of undernourishment. However, undernourishment levels and food insecurity are closely associated with levels of humanitarian risk in this region. The prevalence of undernourishment in 2016 was the highest in Haiti (46 per cent), a very high-risk context, in contrast to Costa Rica (4 per cent), a low risk context. Food insecurity remains a concern in Haiti where most households depend on home production for food consumption, and agriculture is slowly recovering from Hurricane Matthew in 2016 and the year-long drought in 2015-2016. Peru and El Salvador are considered as medium humanitarian risk contexts – the latest data available for El Salvador suggest that 12 per cent of the population experienced severe food insecurity in 2016. Also considered at a high risk of humanitarian crises and disasters, Guatemala faces serious challenges in achieving Sustainable Development Goal (SDG) 2 on Zero Hunger, which includes the elimination of all forms of malnutrition by 2030. Almost half the population cannot afford the cost of the basic food basket – resulting in one of the highest prevalence of stunting in girls and boys under 5 in the world – and the highest in Latin America and the Caribbean.

⁵ Supra note 3.



PROGRESS TOWARDS THE SDGs: MAKERS AND MARKERS OF GOOD NUTRITION

Many Latin American and Caribbean countries are making significant strides toward achieving the SDGs and can lead the way towards better nutrition, also through South-South Cooperation. The 4 Latin American countries are SUN Movement leaders in their efforts to eradicate extreme poverty, end preventable deaths of children under five years and reduce premature mortality from NCDs.

Less than 10 per cent of the population lives below the international poverty line in the 4 Latin American countries.⁶ These countries are at the forefront of developing countries' efforts to ensure the social protection of women, men and their families – by implementing various types of transfers, such as conditional cash transfer programmes and social pensions, and expanding health protection. Social assistance programmes cover a large proportion of vulnerable populations in these countries (median 59 per cent coverage overall, with 78 per cent coverage of the poorest households). In contrast, in Haiti, the level of poverty is much higher (25 per cent in 2012) and there are no social assistance programmes to protect poor households.

While social protection programmes have played an important role in addressing poverty and proved essential to decrease undernutrition, there is, however, a concern that these programmes will need to be adapted to avoid an inadvertent contribution towards the risk of overweight. The presence of a double – or multiple – burden of malnutrition requires designing policies and programmes to address nutrition status at both ends of the spectrum – from undernutrition to overweight. Presently, in some countries, there are efforts to address the growing obesity epidemic by modifying social and nutrition programmes or improving public school environments in general. However, in other countries such as Guatemala and Peru, social programmes are still mainly oriented to fighting undernutrition.⁷

In terms of SDG drivers of nutrition, the 4 Latin American countries are also leaders in ensuring a high proportion of their population have access to basic water services, in contrast to Haiti where 64 per cent of households have access to these services.

As is the case of every SUN region, Latin America also sees great disparity between the 'haves' and 'have nots'. Considering this region has a high percentage of indigenous women, men and children (estimated at 13 per cent), addressing indigenous peoples' equal rights, socio-economic development and access to food and nutrition is key to ensure improvements in nutrition in all countries, overall and leave no one behind.

Girls and women in Latin America and the Caribbean often enjoy more equality than elsewhere in the SUN Movement. This region has the highest proportion of girls enrolled in secondary school (median 88 per cent versus 44 per cent for SUN countries), a low proportion of girls married by the age of 18 (regional median 22 per cent versus 31 per cent for SUN countries) and low adolescent fertility rate (median 63 births per 1,000 women 15-19 years, versus 87 for SUN countries). Interestingly, however, no SUN country in Latin America or the Caribbean region is placed in the top 20 positions of the 2017 World Economic Forum Gender Gap ranking – Costa Rica is placed in the 41st position, with Peru finding itself placed 48th, and is the highest climber since the last ranking. El Salvador is placed in the 68th position, with Guatemala having been placed in the 110th position in 2017 – lower than many SUN countries and the lowest ranked in the region.⁸



⁶ World Bank, (2018). Poverty and Equity Database. Available at: <https://datacatalog.worldbank.org/dataset/poverty-and-equity-database> [accessed March 2018].

⁷ Supra note 3.

⁸ World Economic Forum, (2017). The Global Gender Gap Report 2017. Available at: <https://www.weforum.org/reports/the-global-gender-gap-report-2017> [accessed November 2018].

REACHING THE SUN MOVEMENT STRATEGIC OBJECTIVES

In 2018, 4 out of 5 countries in the region undertook the Joint-Assessment, where, across the board, the overall scores have been sustained at similar levels since 2016.



EXPAND AND SUSTAIN AN ENABLING POLITICAL ENVIRONMENT

SUN countries in Latin America and the Caribbean are progressing in the creation of an enabling environment for nutrition. 3 countries have a functioning multi-stakeholder platform (MSP), with Costa Rica and Haiti having an interim MSP today. In El Salvador and Guatemala, the MSP also exists at the decentralised level.

In 3 of 5 countries, the SUN Focal Point is positioned within the Ministry of Health (Costa Rica, El Salvador and Haiti), while the Peruvian Focal Point is placed in the Ministry of Social Development. In Guatemala, the Focal Point can be found within the President's Office - which strengthens their ability to convene the nutrition community in the country.

All SUN countries have ensured the right stakeholders take part in nutrition actions. All countries have a UN Network and the functionality of these Networks has improved since 2016 (when first assessed). Guatemala and Haiti report working with the private sector on an informal basis. Based on data from 2017, El Salvador, Guatemala and Peru have well-functioning Civil Society Networks. Only Guatemala has a donor convenor today.

When it comes to rallying high-level advocates for nutrition, 3 countries report having mobilised at least two of the three types (the media, parliamentarians and nutrition champions) in 2018. A key result from the reporting period, Haiti now harnesses the media - for the first time. Most countries are collaborating with academia as well, with 4 out of 5 countries reporting working with academics in 2018, which is key to equip nutrition decision-makers with the evidence they need to make informed policy choices at the national level.

The 2017 SUN Movement Global Gathering, held in Abidjan in November, brought together a range of high-level advocates for nutrition, also from the Latin America and the Caribbean. The First Lady of Haiti, H.E. Martine Moïse attended this Global Gathering and committed to ensuring nutrition and gender equality remain high on the political agenda in her country. The SUN Movement also recognised 9 Scaling Up Nutrition Champions, at an official Award Ceremony during the Global Gathering. Ms. Ana Josefa Blanco Noyola from El Salvador, Executive Director of CALMA - a breastfeeding support centre - is one of our eminent ambassadors for nutrition. Ms. Blanco Noyola has worked tirelessly to support the right to breastfeed and has been an important player in developing a normative framework for breastfeeding in El Salvador.



"Language cannot be a barrier. We have to put in place the necessary mechanisms to collaborate among #NutritionChampions to share experiences and knowledge to achieve our objectives."

ANA JOSEFA BLANCO NOYOLA

EXECUTIVE DIRECTOR OF THE BREASTFEEDING SUPPORT CENTRE, CALMA, EL SALVADOR



PRIORITISING AND INSTITUTIONALISING EFFECTIVE ACTIONS THAT CONTRIBUTE TO GOOD NUTRITION

Government policies, legislation and actions play a key role in reducing undernourishment. They are also essential to curb the trend of increasing overweight and obesity and improving nutrition outcomes. The Latin America and Caribbean region appears to be progressing well in ensuring a coherent and consistent policy and legal framework, across the board.



Costa Rica, Guatemala and Haiti have explicit constitutional protection of the right to adequate food, while the Constitutions of both El Salvador and Peru implicitly guarantee the right to adequate food through broader human rights.



Guatemala has given significant attention to nutrition in its most recent national multi-year development policy, *Política General de Gobierno 2016-2020*.⁹ However, Peru's recent national development plan, *Plan Bicentenario: El Perú Hacia el 2021*, scored much lower in terms of the extent to which nutrition was featured. Based on an earlier assessment,¹⁰ all countries in the region need to scale up the integration of overweight and obesity in national development plans in order to achieve the global targets.

IN THE 2017 HANCI ASSESSMENT OVER GOVERNMENTAL COMMITMENT TO TACKLING HUNGER AND MALNUTRITION, GUATEMALA IS RANKED 1ST WITH PERU BEING PLACED 3RD



Legislation for the promotion and protection of breastfeeding needs to be strengthened, to give girls and boys the best possible start in life. Only Costa Rica and Peru have maternity protection laws in place, while the other 3 have partial protection. In May 2016, Peru ratified the ILO Maternity Protection Convention (No. 183), 2000, the only country in the region to do so, and now women workers have 14 weeks' maternity leave (49 days of prenatal leave and 49 days postnatal leave.) The use of breast-milk substitutes is common in this region, with many infants who only receive substitutes.¹¹ While 4 countries in the region have many (El Salvador, Guatemala, Peru and Costa Rica) legal measures in place to protect people from aggressive marketing of breast-milk substitutes, through the International Code of Marketing of Breast-milk Substitutes, Haiti has none. Implementation of the Baby-Friendly Hospital Initiative is important for ensuring that health facilities promote, protect and support breastfeeding. Costa Rica leads the region in its coverage for baby-friendly-certified health facilities (at 44 per cent), but the other 2 countries with data report only 4-5 per cent in this key area.¹²

⁹ IDS, (2017). Hunger and Nutrition Commitment Index 2017. Available at: <http://www.hancindex.org/> [accessed November 2018].

¹⁰ IDS, (2015). As reported in the Global Nutrition Report 2017.

¹¹ UNICEF, (2016) From the First Hour of Life: Making the case for improved infant and young child feeding everywhere. New York: UNICEF.

¹² WHO, (2017). National Implementation of the Baby-friendly Hospital Initiative, 2017. Geneva: World Health Organization. Available at: <http://www.who.int/nutrition/publications/infantfeeding/bfhi-national-implementation2017/en/> [accessed November 2018].



Countries have also demonstrated their commitment to address micronutrient deficiencies through progressive fortification legislation. All 5 countries in this region have mandatory food fortification legislation in place for wheat and salt. Three also have mandatory fortification legislation for maize, with Haiti also having put in place fortification legislation for oil.

HAITI HAS PUT IN PLACE FORTIFICATION LEGISLATION FOR OIL

Advertising strongly influences consumer choices and plays a role in changing diets in Latin America and the Caribbean, including for children. Although no country in the region has, fully, put in place healthy diet policies, Peru is the only country in this region to have put in place so-called healthy policies to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt. Costa Rica has policies in place to reduce salt/sodium consumption and both Peru and Costa Rica have policies to limit saturated fats and eliminate trans-fats in the food supply.



IMPLEMENTING EFFECTIVE ACTIONS ALIGNED WITH COMMON RESULTS

Agreeing on common results is key to ensure nutrition results for all women, men and their families, and all countries in Latin America have put in place a Common Results Framework (CRF). The Latin American countries have agreed and aligned their common nutrition goals across ministries and sectors – with high-level political support palpable in all cases. Impressively, the CRFs in Peru, El Salvador, Guatemala and Costa Rica include both nutrition-sensitive and nutrition-specific goals and targets and are accompanied by both action plans and monitoring and evaluation plans.

National nutrition information systems are essential to assess the status quo and measure changes in the nutritional status of women, men and their families – but also to track progress and prioritise actions going forward. The Latin American countries also stand out with regards to information systems, as they all have put in place these systems or are, currently, in the process of developing them.

Priority actions at the national level are also drilled down to the local level in Latin America, in particular, with strategic and operational plans of multi-sectoral policies existing at the sub-national level in Guatemala, El Salvador and Peru, including monitoring and evaluation frameworks.

Peru continues to be a SUN Movement leader in generating real-time reports on progress of multi-sectoral programmes for improved nutrition. Their *REDinforma* website continues to be an inspiration and model for how to create dashboards with up-to-date information on the current status of programmes, based on logical, evidence-based models.



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EFFECTIVELY USING AND SIGNIFICANTLY INCREASING FINANCIAL RESOURCES FOR NUTRITION

Many countries in the Latin America and Caribbean region are scaling up nutrition investments, although only Peru's Common Results Framework (CRF) is costed today. The 4 Latin American countries have conducted a national budget analysis of spending for nutrition. Among those countries, the level of budget spending for nutrition-specific interventions ranges widely (from USD 6.50 to USD 244.80 per child under five). However, the median for this region, at USD 81.50 per girl or boy under five, is the highest in the SUN Movement today. Guatemala conducted a budget analysis in 2018 for the third time.

Based on the latest analysis of donor funding for nutrition in SUN countries (from 2015, with no data for Costa Rica), donor spending for nutrition varies widely, from country to country. In 3 of the 4 countries with data, donor spending for nutrition exceeds USD 10 per stunted child under five. Haiti is exceptional in this regard, where donors spend USD 12.28 per child under five, with donor spending on high-impact nutrition-specific interventions being estimated at less than USD 1.00 per child under five in the other countries. The percentage of donor disbursements for nutrition-specific versus nutrition-sensitive spending ranges widely across the region, from 5 per cent in Peru and 28 per cent in Haiti to 68 per cent in El Salvador and 93 per cent in Guatemala.

It is necessary to strengthen administrative and financial institutions' capacities for action and to analyse gaps to better implement programmes in this region. Scaling up high-level political support for nutrition is therefore needed to ensure more and better used financial resources.



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THE WAY FORWARD: ACCELERATING PROGRESS

Across the Latin America and Caribbean region, much work has gone into fighting undernutrition. As the history and economies of these 5 countries vary widely, the fight is not over in Guatemala and Haiti particular, with regards to curbing stunting in both countries and wasting of young Haitian girls and boys, with accelerated action needed. Furthermore, given the sharp increases seen across most of the Latin American countries, fighting overweight and obesity must form an integral part of scaling up nutrition and social protection efforts going forward. Much more can be done to transform agriculture and food production into sustainable, nutrition-sensitive food systems – also in the face of increasing climate change and climate-related shocks frequently seen across this region. By promoting exclusive breastfeeding for infant girls and boys and diverse, nutrient-rich diets for young children, their nutritional status can set them off on a virtuous trajectory that could last a lifetime. As food preferences are often set from an early age, taking steps to limit the marketing of unhealthy foods and beverages to children is also recommended. Making sure that all members of the population have equal access to and can afford healthy, nutritious food, including indigenous populations, will be essential to ensure a Latin America and Caribbean region free from all forms of malnutrition looking ahead.

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SCALING UP NUTRITION IN LATIN AMERICA AND THE CARIBBEAN: STORIES OF CHANGE

COSTA RICA FLIES THE FLAG FOR HEALTHY EATING HABITS

On 16 October 2018, as part of World Food Day celebrations, the Government of Costa Rica announced that they are implementing a series of measures to promote healthy eating habits and combat the epidemic of overweight and obesity.

A letter of commitment to comprehensively address overweight and obesity in girls, boys and adolescents of Costa Rica was signed in the Government Council by 10 ministers, witnessed by the President of the Republic, H.E. Mr. Carlos Alvarado Quesada, the FAO Coordinator for the Mesoamerican Sub-region, Mr. Tito Díaz Muñoz, and the Costa Rica Pan American Health Organization (PAHO) representative, Ms. María Dolores Pérez. Furthermore, the Government issued an Executive Decree declaring community and workplace interventions for public benefit – with the objective of promoting individual and collective health. A Presidential Directive was issued the same day, for employees of public institutions to work with occupational health managers to develop plans to gradually improve food services, be they in-house or provided by third parties, and to develop health-promotion strategies. These actions will be coordinated by the Ministry of Health, categorised as the “Environmental Blue Flag Programme for Community Health”.



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WEIGHT DIVIDED BY HEIGHT WITH GREAT SUCCESS IN EL SALVADOR

In 2016, the 4th national height census and the 1st national weight census were carried out for first-grade school children in all public and private schools in El Salvador – coordinated by the National Committee of Nutrition and Food Security (CONASAN). This census revealed that wasting has decreased from 15.5 per cent in 2007 to 9.0 per cent in 2016. However, the census also revealed a high prevalence of overweight and obesity is a problem in this key group of girls and boys.

The Government has taken measures, at the national level, to continue to reduce wasting through policies and programmes, and, at the same time, scale up efforts to combat overweight and obesity – which can only be described as an epidemic. To promote food security and nutrition in vulnerable municipalities, the President of the Republic, H.E. Salvador Sánchez Cerén, alongside the Minister of Health, Dr. Violeta Menjivar, participated at the launch of the Departmental Committee of Food Security and Nutrition (CODESAN) of Ahuachapán, in June 2018. This initiative is estimated to benefit more than 23,000 inhabitants in 8 at risk municipalities. Several good practices can be drawn from the implementation at the decentralised level and the formation of the second CODESAN at the national level: 1) How to design an optimal operational plan, with a fit-for-purpose monitoring and evaluation system; 2) the importance of implementing registry and information systems at the local level; 3) how multi-sectoral design and participation can work if regulated properly; 4) and, lastly, the effectiveness of estimating responsibly the investments needed for both development and sustainability.

STRENGTHENING THE RESILIENCE OF FARMERS IN THE DRY CORRIDOR OF GUATEMALA

Central America is one of the regions most vulnerable to disaster risks, due to its geographical location, high climate variability, exposure to extreme hazards and institutional and socio-economic vulnerabilities. The 'Dry Corridor', is one of the areas most affected by extreme hazards, in particular natural hazards, which defines a group of ecosystems in the eco-region of dry tropical forests in Central America. This area covers most of central pre-mountain region of El Salvador, Guatemala, Honduras, Nicaragua, Guanacaste in Costa Rica and Panama's Arco Seco area.

In 2018, the authorities of the Secretariat of Food and Nutrition Security of Guatemala (SESAN) have coordinated the development of a Plan to strengthen the resilience of small farmers of this 'Dry Corridor'. Considering Guatemala is ranked fourth in the world with regards to vulnerability to natural disasters, and that recurrent droughts cause atrocious losses in grain crops, SESAN has developed a comprehensive Plan, alongside a long-term initiative to strengthen capacities and support small farmers to become resilient - through diversification of their crops and livelihoods.



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