Non-affordability of healthy, nutritious diets – transforming food and social protection systems

Saskia de Pee & Sabrina Kuri & Janosch Klemm, WFP
Ending all forms of malnutrition... What does it take?

What is the right ‘mix’ for a specific context?

Nutrition sensitive

Nutrition specific

Life cycle

Multiple sectors
A food systems approach for a nutritionally adequate diet

Optimizing food supply, production and retail offers

Market access, food prices, increase and diversify home production of nutritious food to improve availability

Sensitization and demand creation for nutritious foods among the population

+ Adequate supplementation

Impact on Nutrition and Health

Adapted from the HLPE 2017
Two components of the analysis

Secondary data analysis and review
- Unpack the food system and identify opportunities for improvement

Linear programming on Cost of the Diet
- Estimate the minimum cost of a nutritious diet and its economic accessibility

Model interventions to improve access to nutritious diets
Consensus building on priority interventions and policies that support nutritious diets

Align stakeholder priorities to:
- Create synergies
- Leverage opportunities towards multi-sectoral actions to improve diets

Engage multi-sectoral platforms to:
- Strengthen and reposition actions across the food system and environment

Inform Government policies and UN country strategy & programming to improve delivery on nutrition
Very high unaffordability of different quality diets

**Three Increasing Levels of Diet Quality**

<table>
<thead>
<tr>
<th>Diet Quality</th>
<th>People cannot afford (%)</th>
<th>People cannot afford (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrient adequate diet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy sufficient diet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Energy sufficient diet</th>
<th>Nutrient adequate diet</th>
<th>Healthy diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>Total number (million)</td>
<td>%</td>
</tr>
<tr>
<td>LOW-INCOME COUNTRIES</td>
<td>12.7</td>
<td>48.3</td>
</tr>
<tr>
<td>LOWER-MIDDLE-INCOME COUNTRIES</td>
<td>6.3</td>
<td>112.2</td>
</tr>
<tr>
<td>UPPER-MIDDLE-INCOME COUNTRIES</td>
<td>2.1</td>
<td>19.0</td>
</tr>
<tr>
<td>HIGH-INCOME COUNTRIES</td>
<td>0.3</td>
<td>6.0</td>
</tr>
</tbody>
</table>

SOFI report 2020
Cost of the different quality diets (international dollars purchasing power parity/cap/d, 2017)

Table 7
The cost of a healthy diet is 60 percent higher than the cost of the nutrient adequate diet, and almost 5 times the cost of the energy sufficient diet in 2017

<table>
<thead>
<tr>
<th>Regions</th>
<th>Energy sufficient diet</th>
<th>Nutrient adequate diet</th>
<th>Healthy diet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WORLD</strong></td>
<td>0.79</td>
<td>2.33</td>
<td>3.75</td>
</tr>
<tr>
<td><strong>COUNTRY INCOME GROUPS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-income countries</td>
<td>0.70</td>
<td>1.98</td>
<td>3.82</td>
</tr>
<tr>
<td>Lower-middle-income countries</td>
<td>0.88</td>
<td>2.40</td>
<td>3.98</td>
</tr>
<tr>
<td>Upper-middle-income countries</td>
<td>0.87</td>
<td>2.52</td>
<td>3.95</td>
</tr>
<tr>
<td>High-income countries</td>
<td>0.71</td>
<td>2.31</td>
<td>3.43</td>
</tr>
</tbody>
</table>

Energy sufficient diet costs the least in low- and in high-income countries

Healthy diet costs the least in high-income countries
Large variation within countries of non-affordability of nutrient-adequate diet

**Figure 30**
Affordability of a nutrient adequate diet varies widely within many countries due to temporal and geographical variations in prices and differences in incomes.

### Latin America & the Caribbean
- Ecuador (2017)
- El Salvador (2015)
- Guatemala (2016)
- Burkina Faso (2019)

### Western and Central Africa
- Ghana (2015)
- Mali (2019)
- Mauritania (2019)
- Niger* (2016)

### Southern Africa
- Lesotho* (2011)
- Madagascar (2015)
- Mozambique (2017)
- Burundi (2018)
- Rwanda (2017)

### Eastern Africa
- Somalia* (2016)
- United Republic of Tanzania (2016)
- Uganda* (2016)

### Western and Central Asia
- Armenia (2017)
- Kyrgyzstan (2019)
- Tajikistan (2017)

### Central, South, and Eastern Asia
- Bangladesh (2019)
- Cambodia (2017)
- Indonesia
  - Lao People’s Democratic Republic (2017)
  - Myanmar* (2019)
  - Pakistan (2016)
  - Philippines (2017)
  - Sri Lanka (2016)
  - Timor-Leste (2019)

* Denotes that there was a consumer price index (CPI) adjustment made to expenditure data to match the year for which the food price data were collected.

Adolescent girls & lactating women require largest portion of household budget -> higher risk of deficiencies

贡献给营养饮食的家庭成本（%）

- 男孩：22%
- 女孩：27%
- 母亲：33%
- 婴儿：12%
- 新生儿：6%

菲律宾

CotD, 2018
Stunting prevalence is highest in regions with higher non-affordability of the Nutritious Diet.
Characteristics of food systems in fragile settings
Kasai/Tanganyika (DRC), Afghanistan, Maradi/Zinder (Niger), South Madagascar, Somalia, Cox’s Bazaar (Bangladesh), North Burundi, Mali

1. Very high non-affordability of a nutritious diet (above 90%).
2. The cost of a nutritious diet is found to be 4-7 times the cost of an energy-only diet.
3. In some areas, it was not possible to meet nutrient requirements from the locally available foods (some rural territories of Somalia and Tanganyika, DRC).
4. Unpredictable fluctuations in staple food price.
5. Weak/absent monitoring systems limits visibility of food prices and changes.

See FNG Brief on Food Systems in Fragile Settings on www.wfp.org/fillthenutrientgap
Data needs to monitor impact of COVID-19 crisis on access to nutritious diets

**Availability and price of diverse set of foods**
- **Bureau of Statistics** – CPI – share data on price of (more) foods / food group inflation / calculate indices
- **Market monitoring** by e.g. MoA – possibility of expanding food list
- **Market assessments**, remote

**Expenditure**
- Secondary data – job losses, remittances
- Econometric models, change of food expenditure in response to crises

**Household data**
- Coping: Food security & Livelihoods
- mVAM: MAD & MDD-W
- Adding nutrition and expenditure-change questions – some initiatives
- Methods: phone interviews (CATI), web surveys
Non-affordability of Nutrient Adequate diet in LMIC* increases due to COVID-19

MILLION PEOPLE WHO COULD NOT AFFORD A NUTRIENT ADEQUATE DIET

Source: Presentation David Laborde, Micronutrient Forum 2020

*For 63 LMIC, excl. China
Depth of non-affordability of the Nutrient Adequate diet is increasing

Source: Presentation David Laborde, Micronutrient Forum 2020
Food systems for diets and nutrition

Understanding reason for poor dietary quality:

- Do people have choices?
- How large is the gap? Who are most affected?
- What causes the gap (low diversity, cost, income)?
- **Which interventions can make a difference, for whom?**
- Which interventions to prioritize?

Adapted from the HLPE, 2017
Interventions from different sectors could improve access to nutritious diets

- Cash-based transfers
- Livelihood support & Resilience
- Improved agricultural practices for higher yields
- Livestock-related interventions

- Improve transport and storage
- Staple and commonly consumed foods fortification
  - Wheat, rice, maize, oil, salt
  - Condiments, Micronutrient powders

- Increase household purchasing power

- Target vulnerable individuals with specific interventions
  - Supplementation
  - School meals based on
    - Specialized Nutritious Foods
    - Supplementation
    - Fortified cereals

- Increase availability of nutritious foods
  - Market-based interventions
  - Crop diversification
  - Reduce post harvest loss
  - Smallholder and subsistence farming

- Increase nutrient content of foods

- Improved affordability and access for nutritious foods
In Myanmar, a combination of food system and health interventions can help lower the cost of nutritious diets

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Package 1</th>
<th>Package 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td>Fortified Rice</td>
<td>Vitamin B1 supplementation</td>
</tr>
<tr>
<td></td>
<td>Home garden/Fish ponds</td>
<td></td>
</tr>
<tr>
<td>Adolescent girl</td>
<td>School meals with fortified rice &amp; milk</td>
<td>School meals with milk &amp; MMT</td>
</tr>
<tr>
<td>Lactating woman</td>
<td>Super Cereal</td>
<td>MMT</td>
</tr>
<tr>
<td>School-aged child</td>
<td>School meals with fortified rice &amp; milk</td>
<td>School meals &amp; school milk</td>
</tr>
<tr>
<td>Child &lt;2 years</td>
<td>Super Cereal</td>
<td>MNP</td>
</tr>
</tbody>
</table>

Average of modelling states/regions
CotD 2019

Myanmar
Social Protection – transfer size may be limited (example from Punjab, Pakistan)

How can Social Protection programmes improve access to nutritious diets?

**Reaching underserved populations & vulnerable groups**
- Inform optimal targeting of households and individuals
  - Identify food environments/seasons with least affordable nutritious diets
  - Prioritize the needs of nutritionally vulnerable individuals
    → Women, children and adolescent girls

**Removing economic barriers**
- Estimate transfer size gaps
  - Analyse the extent to which transfers (cash/in-kind - size) can improve access to nutritious foods (value & availability in the food environment)

**Preventing undernutrition**
- Channel resources toward healthy, nutritious diets
  - Strengthen demand creation for nutritious foods (linked to fresh food vouchers, fortified foods (general / specific), SBCC)
- Connect transfers to health and other services that can fill nutrient gaps

See FNG Brief on Social Protection on [www.wfp.org/fillthenutrientgap](http://www.wfp.org/fillthenutrientgap)
Multi-Sectoral Stakeholder Recommendations, example

Health and nutrition specific
- Provide multiple micronutrient supplements to adolescent girls and pregnant and lactating women

Education
- Leverage school feeding programs to provide nutritious foods

Agriculture/Private Sector
- Extension support for smallholder farmers to increase nutritious food production
- Improve fortification standards and regulation, improve markets and connectivity, promote nutritious foods

Social protection and gender
- Cash transfers with social behavior change communication for vulnerable populations in areas with market access
FNG Around the World

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Niger
Burkina Faso
Mali
Guinea-Bissau
Mauritania
Cameroon
Kyrgyzstan
Tajikistan
Tunisia
Somalia
Uganda
Rwanda
Burundi
Syria
Armenia
Tanzania
Mozambique
Madagascar
Lesotho
Afghanistan
Indonesia
Nepal
Pakistan
Bangladesh
Myanmar
Sri Lanka
Laos
Cambodia
Philippines
Timor-Leste

Special Focus
Refugees
Bangladesh
Uganda
Rwanda
Burundi
Programme Specific
Indonesia – SSN
Uganda – Karamoja
Ethiopia – FFV
Niger – Resilience

Completed

Ongoing
November 2020

CotD Only

Kenya - Refugees
DRC - IDP
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Government of Ireland

USAID

From the American People

German Cooperation
Deutsche Zusammenarbeit

International Fund for Agricultural Development (IFAD)

United States Agency for International Development (USAID)

DSM

Nutrition International

Nourish Life
Thank You!

www.wfp.org/fillthenutrientgap