



NUTRITION FOR GROWTH (N4G) SUMMIT

A local initiative to combat child malnutrition in the commune of Gadougou, Mali
© Djaffra Traore, 2019

WHAT ACTION AGAINST HUNGER IS CALLING FOR :



The year 2021 is a pivotal moment - marking the start of the last decade of the Sustainable Development Goals (SDGs) to achieve the 2030 agenda.

As a network, Action Against Hunger works with over 8.000 staff in 44 countries to fight hunger and malnutrition. Our life-saving programmes reached 25 million people in 2020. As a responder on the frontline of hunger, we are well placed to highlight the gaps in the global community's response to addressing hunger and malnutrition. We are committed to sharing our knowledge and expertise to ensure that ending hunger becomes a reality. We stand ready to work with governments, donors and stakeholders around the world in this mission.

The world is already off track to meet the global nutrition targets of the World Health Assembly by 2025 and SDG 2 on Zero Hunger by 2030 (1). The COVID-19 pandemic has only worsened the nutritional status of the most vulnerable and marginalised groups worldwide, with a disproportionate impact on women and children. Between 720 to 811 million people in the world faced hunger in 2020 - an increase of 161 million more than in 2019 (SOFI 2020).

Current estimates show that of those affected by malnutrition globally, women and girls represent over seventy percent of people facing malnutrition (2). The COVID-19 pandemic could result in an additional 168,000 child deaths from malnutrition by 2022 (3). The international community and national governments must act and invest to address the global as well as local drivers of hunger and malnutrition globally effectively.

Action Against Hunger will prioritise addressing the key drivers of hunger and malnutrition - conflict and insecurity, climate change impacts and health inequity. But underlying and cross-cutting factors must also be tackled to effectively end malnutrition; lack of access to basic social services, gender injustices and gender-based violence, unsustainable and unjust food systems, and the COVID-19 pandemic's secondary impacts. As both a needs-based and rights-based organisation, Action Against Hunger will champion human rights including the right to health, safe and clean drinking water, and food.

OUR PRIORITIES :

HEALTH: STRENGTHENING THE HEALTH SYSTEMS TO IMPROVE MATERNAL, CHILD AND ADOLESCENT HEALTH AND NUTRITION

Malnutrition is tragically the leading cause of ill health globally with nutrition related factors contributing to 45% of under-five child deaths around the world (4). It is predicted the COVID-19 pandemic could result in an additional 9.3 million wasted and 2.6 million stunted children (5).

Malnutrition in children not only increases their risk of death, but also inhibits cognitive development and affects health status over the course of their life. **This makes malnutrition one of the main mechanisms of intergenerational poverty and inequality.**

Maternal undernutrition increases the risk of low birth weight, stunting, and even neonatal deaths. When young women and adolescent girls become pregnant too early, maternal undernutrition can be particularly problematic as a baby's health is inextricably linked to the health of her mother. In many cases, poor health outcomes are connected to gender inequality experienced by the mother through unequal gender roles and norms that impede access to nutritional needs and resources (6,7). In addition to gender inequality impacting population's health negatively, nutrition programming that does not consider dimensions of gender for both women and men further compound inequalities and increase cases of gender-based discrimination (8).

The prevention and management of undernutrition is not currently integrated into service packages offered by health systems. Less than 1% of total global development assistance is spent on high-impact nutrition interventions (9). The large majority of children with severe acute malnutrition (SAM) globally do not have access to treatment or do not receive preventative interventions (10), including micronutrient supplementation or breastfeeding. Poor access to these services is then worsened due to conflict, insecurity, lack of funding, and various forms of gender inequality, creating additional barriers.

Nutrition and sustainable food systems must be central to health system strengthening strategies and plans to achieve the dual goals of Universal Health Coverage (UHC) and One Health. To prevent malnutrition and improve access to nutrition treatment, donors and national governments must strengthen public, sustainable, equitable, and people-centred health systems through the pillars of Health System Strengthening. Strategies to strengthen these health systems must additionally include gender-sensitive approaches to improve access for all. Ensuring equitable access to effective nutrition interventions within health systems can play a pivotal role in improving diets, preventing and treating disease, reducing healthcare costs and ultimately improving global health.

WE ARE THEREFORE CALLING FOR:

Greater support for the health workforce, especially at the community level. Appropriately trained and supervised health personnel at all levels of the health system, including Community Health Workers (CHWs) must be available and must be able to collaborate on policy and regulatory issues related to health-care providers. These CHWs must be trained, mentored, supported and, crucially, paid to deliver nutrition services.

Increased and sustained financing for nutrition services. National governments should ensure that they spend at least 1% of GNI on health

Donor governments should allocate 0.1% of their Gross National Income (GNI) to Official Development Assistance (ODA) for health. Donors should also support nationally driven UHC plans by supporting increased domestic spending for health and nutrition.

Strengthened service delivery of nutrition. Tackling acute malnutrition must become a health systems' priority and an indicator for effective humanitarian and development planning. Integration of Community Management of Acute Malnutrition (CMAM) and Integrated Management of Childhood Illness (IMCI) services must be put in place to ensure that each contact at the health facility is optimized. Gendered differences that exist in accessing these resources must also be considered, ensuring barriers to accessing resources are mitigated and that services and resources are inclusive.

Donors should continue to invest in operational research and scale up actions to optimise Integrated Community Case Management (iCCM+) as a way of delivering essential health services to at-risk and SAM children. Breastfeeding counselling and management of acute malnutrition must be part of the core services package delivered to everyone through the primary healthcare system, with a focus on reaching those who are disproportionately impacted and marginalized.

Strengthened health management and information systems (and introducing digital technologies) by health ministries, donors and multilaterals so that specific gender inclusive nutrition targets are included in national health plans. This must include agreement on what indicators to track, how these indicators are defined, the sources of the data, and how the data are reported and used. The systematic use of mobile technology and citizen reporting to track and monitor all data must be increased. Target to achieve a minimum 40% reporting and feedback for SAM treatment should also be encouraged.

Improved supply of Ready to Use Therapeutic Food (RUTF). Supply chains must be improved and diversified in order to expand local production and reduce costs. Stronger collaboration is needed between governments, suppliers, UN bodies and donors to ensure supplies for the treatment of SAM are available, affordable, accessible, and properly administered through the health system.

Equity in access to nutrition services, by identifying who has or does not have access to health and nutrition services, the barriers to accessing services, and the extent by which direct payments for health services generate financial difficulties. Social protection systems should be expanded and gender-sensitive to ensure equitable access, so that the poorest can access services without facing financial hardships.

Strengthening community ownership to ensure that the planned interventions reach the target beneficiaries. Social audits and transparency initiatives must be integral to health and nutrition program implementation and monitoring systems.

FOOD: BUILDING EQUITABLE AND SUSTAINABLE FOOD SYSTEMS THAT PROMOTE SAFE, HEALTHY DIETS AND NUTRITION FOR ALL AND ENSURE LIVELIHOODS OF PRODUCERS

Nearly 2.37 billion people did not have access to adequate food in 2020 – an increase of 320 million people in just one year (11). The COVID-19 pandemic is taking place at a time when the global food system is already facing major challenges due to climate change impact, regional and border conflicts and situation by war and tense political conditions.

Current globalised and industrialised food systems and the associated intensive agriculture and livestock models are perpetuating rising food and nutrition insecurity and gender inequality. Food systems are also greatly responsible for environmental degradation, collapse of biodiversity, pressure on natural resources and greenhouse gas emissions. **The international community therefore has a crucial role to play to transform food systems to make them more resilient, sustainable, equitable and allow access to nutritious, affordable, healthy food for all. In wake of the concerns raised around the UN Food System Summit 2021, we call for a greater scrutiny and debate around summit deliberations and outcomes.**

Climate change and the current pandemic has brought broader destruction and vulnerabilities to the food system that has had a crucial impact on the life of people, particularly women, girls and marginalized groups. The pandemic has also highlighted how essential food systems are in the health, nutrition, and wellbeing of populations, to rural-urban contextual livelihoods, and to the local and global economy. In many countries, women make up the majority of producers and farmworkers and play a key role in agricultural development and increasing food security, however their inputs remain undervalued. **The current food system requires urgent transformation, where women and marginalized people occupy vital positions.**

The COVID-19 pandemic raises the alarm on the urgent need to transform the world's food systems. It brings the picture of how current food systems are inequitable and are unable to deliver nutritious, safe, affordable, and healthy diets sustainably.

WE ARE THEREFORE CALLING FOR :

The agroecological transformation of food systems. Agroecology secures nutritious, safe, affordable and high quality food throughout the year. Agroecology is highly beneficial to the strengthening of social cohesion by reducing social inequalities by advocating for the prioritisation of local production and consumption supply chains. This will help to ensure local job creation, guarantee fair prices for producers and consumers, and reduce countries' dependence on imports and their vulnerability to international price fluctuations.

The empowerment of youth and women within the food systems. Women have a long-standing historical role in leading local agricultural production, food systems and small-scale value chains, but their voices are unheard. Food systems must address the inequality of access to and control over food and productive resources and land rights, ensuring women and girls' participation in decision making so that their rights are secured and protected and their key role in food systems is recognized.

Similarly, as youth in high-burden countries also face the challenges of education and employment, a larger strategy needs to promote youth engagement in transforming food systems as well as their meaningful employment in agriculture and food production. They should not just become the advocates of food systems transformation but rather should become active users and practitioners of solutions aimed at making food systems resilient.

RESILIENCE AND FRAGILITY: ADDRESSING MALNUTRITION EFFECTIVELY IN FRAGILE AND CONFLICT AFFECTED CONTEXTS

Conflict and insecurity are major drivers of acute food insecurity, often aggravated by the growing impact of climate change, as well as by economic shocks. Over 142 million people in 40 out of the 55 countries included in the Global Report on Food Crises are forecast to be in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in 2021 (12). These people already face emergency levels of acute food insecurity. At a time when the respect for humanitarian principles is most contested, a coordinated agenda is not only a sensible but necessary proposition. However, the humanitarian space continues to shrink.

One of the challenges detected relates to the lack of coordination between or in donor agencies. So far, the response to undernutrition is largely divided between humanitarian actors treating acute malnutrition and developmental actors tackling chronic malnutrition. This separation is reflected in donors' strategies, plans and instruments, including funding mechanisms. In the ground, this creates a gap between humanitarian and development interventions preventing a response addressing all forms of malnutrition or breaking the vicious cycle of structural and aggravating factors.

To overcome this, aligning strategies and financial mechanisms within donors' agencies is crucial to realize the nexus and effectively addressing some of these persisting challenges.

Whilst the concept of the development and humanitarian aid continuum is well received across the board, one of the outstanding concerns, especially in reaction to the addition of the peace element, revolves around its potential instrumentalization by other agendas. Whereas this convergence/coexistence of agendas is not a new element, migration and security policies are increasingly overshadowing development priorities across different regions; not only progressively introduced in the 'integrated' approach, but conditioning funding attribution and mechanisms. One of the main issues of the peace component is that there is no clear definition. For some actors, it means security and stabilization. For others, it means essentially better considering conflict sensitivity.

WE ARE THEREFORE CALLING FOR :

Better coordination across all sectors in a triple nexus approach. An approach to resilience and fragility must work across the humanitarian, development and peacebuilding nexus. Governments and donors must support a system-wide shift to addressing the short-term impacts of nutrition insecurity, while also addressing longer term humanitarian and development system strengthening needs.

Greater investment in data-driven anticipatory action, including anticipatory financing. The international community as well as national governments must increasingly invest in mainstreaming preventive measures, particularly diplomatic responses, to avoid famine and high rates of acute malnutrition before they are declared.

A stronger multi-sectoral and joined approach to food insecurity, including the integration of conflict and climate data generation, gender and age data generation, reporting and analysis to inform inclusive and holistic programme design, the insertion of crisis modifiers in programme cycles, and an increased flexibility and stability of humanitarian funding. It must also include a greater focus on food crises characterized by climate extremes and slow onset events, as part of disaster risk reduction and management and climate change adaptation.

Greater investment in early-warning systems as part of global and national response to climate change. Commitments are needed to ensure wide-spread availability of climate risk insurance, inclusive social protection, livelihoods support and cash assistance before the onset of crisis, particularly to the most marginalised groups, especially women and girls.

Greater diplomatic efforts to enable inclusive peacebuilding by promoting mediation, ceasefires, and the appropriate political processes to end human suffering in conflict settings, in line with UN Security Council Resolution 2417.

DATA: PROMOTING DATA-DRIVEN ACCOUNTABILITY

Recognising the need for a global system that provides frequently updated analysis of global malnutrition and food insecurity risks, global figures and the on-going challenges of data gaps, the N4G Summit is a moment to endorse better integration of existing new and

innovative data sources. Proactive sharing of open data should be promoted across countries and international organizations to better forecast food availability, demand and program planning, and efficient use of not only food and nutrition but water as well.

WE ARE THEREFORE CALLING FOR :

Significantly scaled up evidence-based and locally-led early warning systems that link risk analysis with pre-agreed plans for early action, backed by pre-arranged financing. They should enable earlier responses and better inclusion of hard to reach populations unable to access traditional malnutrition data monitoring.

Improved accountability mechanisms through targets that increase the quality, availability, and accessibility of gendered nutrition data to hold donors, national governments and civil society to account and to help identify gaps to ensure no one is left behind.

Better tracking of nutrition investments to maximize effectiveness of current spending. The use of the policy marker for nutrition by country members of the OECD-Development Assistance Committee (DAC) is key to this to ensure nutrition programming is addressing both the immediate determinants and underlying determinants of malnutrition. Multilateral agencies and high-burden countries should also commit to set up better accountability to ensure a comprehensive resource tracking system.

FINANCING: SECURING NEW INVESTMENT AND DRIVING INNOVATION IN NUTRITION FINANCING

New financing estimates show that to combat the effects of COVID-19 on malnutrition, an additional \$1.2 billion is needed annually on top of the World Bank financing estimates of \$7 billion per year to meet the global nutrition targets (13). Central to our work on securing additional funding from budgets towards nutrition, has been our work on promoting the accountability and involvement of local actors. This work will continue, as well as our focus on the development of gender-responsive to transformative efforts that effectively and holistically address nutritional needs.

The United Nations has identified at least 20 Hunger 'Hotspots' in the world (14), most of which are conflict affected areas. Official Development Assistance (ODA) to fragile and conflict affected states as a proportion of total ODA is in decline while the people in need of urgent humanitarian action increased by 35% (15). Over half of the financing for wasting in 2019 came through humanitarian channels, generally a less predictable and shorter-term financing approach, and therefore less effective in supporting to systems strengthening and sustainable financing (16).

WE ARE THEREFORE CALLING FOR :

The establishment of a global fund for social protection to enable low-income countries to bridge the current funding gap on reaching UHC and basic income security, particularly during the crucial period of a child's first 1,000 days.

The N4G Summit to be the moment donor countries and high burden countries make ambitious financial commitments to address malnutrition. The allocation of domestic resources by countries plays a hugely important part in this.

Contact :

Michelle Brown (USA) : mbrown@actionagainsthunger.org

Kate Munro (UK) : K.Munro@actionagainsthunger.org.uk

Kira Fischer (Germany) : kfischer@aktiongegenenhunger.de

Menna Seged Abraha (Spain) : mabraha@accioncontraelhambre.org

Louise Reeg (European Union) : lreeg@actioncontrelafaim.org

Michael Siegel (France) : msiegel@actioncontrelafaim.org

Stacey Sawchuk (Canada) : ssawchuk@actioncontrelafaim.ca

Stand : October 2021

ENDNOTES

- (1) <https://www.who.int/nutrition/global-target-2025/en/>
- (2) <https://gho.unocha.org/global-trends/hunger-rising-covid-19-will-make-it-worse>
- (3) <https://www.researchsquare.com/article/rs-123716/v1>
- (4) <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>
- (5) <https://www.researchsquare.com/article/rs-123716/v1>
- (6) Marphatia A, Cole T, Grijalva-Eternod C, Wells J. (2016). Associations of gender inequality with child malnutrition and mortality across 96 countries. *Global Health, Epidemiology and Genomics* 2016;1(E6). <https://doi.org/10.1017/ghg.2016.1>
- (7) Bapolisi WA, Ferrari G, Blampain C, Makelele J, Kono-Tange L, Bisimwa G, Merten S. Impact of a complex gender-transformative intervention on maternal and child health outcomes in the eastern Democratic Republic of Congo: protocol of a longitudinal parallel mixed-methods study. *BMC Public Health* 2020;20(51). <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-8084-3>
- (8) Bonatti M, Borba J, Schlindwein I, Rybak C, Sieber S. "They Came Home Over-Empowered": Identifying Masculinities and Femininities in Food Insecurity Situations in Tanzania. *Sustainability*. 2019; 11(15):4196. <https://doi.org/10.3390/su11154196>
- (9) <https://globalnutritionreport.org/reports/global-nutrition-report-2018/the-fight-against-malnutrition-commitments-and-financing/>
- (10) Less than 25% of all children suffering from severe acute malnutrition are being admitted to treatment (Nutridash)
- (11) https://reliefweb.int/sites/reliefweb.int/files/resources/SOFI2021_Report_EN_FINAL_1_compresse.pdf
- (12) <https://www.wfp.org/publications/global-report-food-crises-2021>
- (13) <https://www.researchsquare.com/article/rs-123716/v1>
- (14) https://docs.wfp.org/api/documents/WFP-0000125170/download/_ga=2.234147803.454164716.1627465808-993687872.1613556422
- (15) <http://www.fightfoodcrises.net/technical-note/>
- (16) <https://r4d.org/resources/tracking-aid-wha-nutrition-targets-global-spending-roadmap-better-data/>