Financing Global Nutrition Targets: ACF statement

There is a pressing need for global action on nutrition. Malnutrition is the underlying cause of 45% of all child deaths.\(^1\) In January 2016, the WHO executive board secretariat assessed the progress towards the WHA global targets\(^2\), and recalled that the total number of stunted children under 5 years of age worldwide was 159 million and SAM affected an estimated 16 million children worldwide in 2014.\(^3\)

The progress and results towards scaling up nutrition investments give proof of a real momentum for nutrition. The WHA target costing\(^4\) is a good example of such progress, as the largest study of its kind on estimated costs and financial needs for nutrition from 2016 to 2025. This study aims at assessing the financial resources needed to reach four of the six global nutrition targets: stunting, wasting, anemia, and breastfeeding, and assumes that the resource gap will be closed through a coordinate effort to mobilize additional resources from countries, donors, private sources, and innovative financing mechanisms. Action Against Hunger welcomes this study, and takes advantage of this unique opportunity to raise its main points of interest.

### What We Have Learned

1. This WHA target costing is extremely useful to support the international community by giving precise and clear financial targets. It is estimated that $69.9 billion additional financing over 10 years (from 2016 to 2025) are needed to reach four of the six global nutrition targets, from which $49.5 B additional for stunting and $9.1 B additional for wasting.\(^5\) The costs appear to be affordable given the gains since it can save 3.7 million child lives by 2025, and result in 65 million fewer children stunted in 2025. Combating malnutrition is efficient and cost-effective. There is a growing consensus that improving young child nutrition is one of the best investments for future prosperity.\(^6\) Not making this investment would be a true human and economic disaster: 65 million new cases of stunting, at least 3.7 million more child deaths, some countries may lose up to 3% of gross domestic product per year from the effects of undernutrition on productivity (and up to 11% of GDP in Africa and Asia).\(^7\)

2. The WHA target costing recalls the need to prioritize investments, and more specifically nutrition-specific financing\(^8\), which are proven direct nutrition interventions, have a more direct impact on nutrition, and address the more immediate determinants of undernutrition. It therefore covers some of the most important interventions to prevent undernutrition.

3. The lack of reliable data on nutrition represents a critical gap in knowledge that severely hampers the worldwide reduction in the number of children suffering from under nutrition. The WHA target costing contributes to addressing the data shortcomings. This is a unique opportunity to make donors and governments more accountable, and to better monitor their progress.

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\(^3\) See the latest Joint Estimates by WHO/UNICEF/World Bank.

\(^4\) A 2016 joint initiative by the World Bank, Results for Development (R4D), 1000 days, Children’s Investment Fund Foundation (CIFF), and Bill & Melinda Gates Foundation, see http://thousanddays.org/tdays-content/uploads/Investing-in-Nutrition-The-Foundation-for-Development.pdf

\(^5\) The global number for the four targets does not equal the sum of each target since there is intervention overlap. Other

\(^6\) A panel of eight of the world’s most distinguished economic experts was set up at the Copenhagen Consensus 2008, and has identified that the ratio of benefits to costs was exceptionally high for malnutrition. For example, every dollar invested in reducing stunting is estimated to generate $18 in economic returns.\(^6\)

\(^7\) See http://www.worldbank.org/en/topic/nutrition/overview

\(^8\) The 2015 Global nutrition report highlights that “The number of OECD DAC members that are making significant disbursements to nutrition-specific programs could increase substantially.” (page 62)
This costing is one more reason to launch an urgent appeal to the international community to move faster towards a world without hunger. The WHA target costing calls for concrete and urgent action against hunger. This is a big push to pledge more financial resources to save the lives of those suffering from hunger.

What We Want

Current financing for nutrition is proving to be insufficient to meet the ambition of the Sustainable Development Goals (SDGs) on ending malnutrition and world hunger unless major world donors drastically enhance both commitment and action.1 Estimating costs and financing needs is the first step to reach the global nutrition targets. The second step involves resource mobilization. Leaders need to commit to new financial and policy pledges for nutrition at international summits, starting with the second Nutrition for Growth Summit in Rio.

1 Additional financing from donors are more than required regarding the global financial needs. However, the tensions between the low levels of funding available and the severity of the situation, led ACF to call for a doubling of aid for nutrition from 2016 to 2020, with at least $2 bn. for nutrition-specific interventions.

2 Apart from the need to scale up levels of aid disbursements for nutrition, a minimum standard investment is required for nutrition in southern countries. According to the Global nutrition report (2015), only 11 states made quantifiable financial pledges at the N4G summit in London. The WHA target costing assumes that governments contribute 4.4% of health budgets by 2025. However, other cooperative frameworks have gone further with a more ambitious target, such as the FANUS Arusha declaration in 201510 calling “on the African Union Heads of States to commit at least 3% of all Sector budgets” for nutrition. Reaching the target is not only a matter of funding. A global prioritization and harmonization of nutrition investments is needed.

3 However, the domestic-external split assumed in this analysis needs to take into consideration that southern countries already assume a large part of the full estimated costs.11 Indeed, previous analysis, based on standard practice in the sector, suggests that donors tend to meet the costs of materials while countries themselves cover labour and delivery costs (see Horton et al., 2010)12.

4 The capacity of the health care system has clearly a strong impact on the scaling up of effectively nutrition interventions. For instance in Africa, the health workforce gap affects countries’ ability to sustain the provision of essential nutrition interventions at scale. Investments on strengthening health system that forms a central element of successful nutrition strategies are urgently required.

Scaling-up funding for nutrition must happen now. Right before the Nutrition for Growth 2 Summit, this costing can provide a strong political impulse for supporting the ongoing progress towards the global nutrition targets. However, to launch the dynamics, both donors and southern governments need to move faster by increasing funding for nutrition over the first five years between 2016 and 2020 to be in the running for the Decade of action for nutrition that will run from 2016 to 2025.13

The WHA targets recall the need for immediate action, and for catalyzing global change. We all stand at a decisive moment when we can move forward to end under nutrition. We can no longer simply count the lives of children lost to malnutrition. We need to have the means to save them. Ending child malnutrition within a generation is possible if the global community comes together in a combination of cost effective interventions, political will and smart investment.

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1 According to the GNR (2015), only 0.4% of ODA is spent on nutrition programs. In 2013, the Lancet identified that it covers only 1.4% of what is required.

10 Federation of African Nutrition Societies (FANUS) Arusha declaration 29th may 2015

11 They assume for example that “donors finance maximum of 2.8% of ODA in 2021, and taper to 1.8% by 2025”, and that “governments contribute 4% of health budgets by 2025”.
