

**GLOBAL NUTRITION REPORT 2016:
FROM PROMISE TO IMPACT: ENDING MALNUTRITION BY 2030**

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Key Findings:

- The annual GDP losses from low weight, poor child growth, and micronutrient deficiencies average 11 percent in Asia and Africa—greater than the loss experienced during the 2008–2010 financial crisis.
- In the United States, for example, when one person in a household is obese, the household faces additional annual health care costs equivalent to 8 percent of its annual income. In China, a diagnosis of diabetes results in an annual 16.3 percent loss of income for those with the disease.
- The number of stunted children under 5 is declining in every region except Africa and Oceania; the number of overweight children under 5 is increasing most rapidly in Asia.
- At least 12 of the 17 Sustainable Development Goals contain indicators that are highly relevant for nutrition, reflecting nutrition’s central role in sustainable development.
- Mothers age 18 or under are more likely to have stunted children, and children are less likely to be stunted if their mother has secondary education.
- 24 low- and middle-income governments allocate just 2.1 percent of their spending to reducing undernutrition, whereas they spend a total of more than 30 percent on agriculture, education, health, and social protection.
- Donors’ allocations to nutrition-specific interventions are stagnating at \$1 billion, although donor allocations to nutrition through other development and social sectors are, we believe, increasing.
- In 13 countries, stunting rates in the wealthiest quintile of society exceeded 20 percent, belying the notion that income necessarily equals good nutrition.
- Out of a world population of 7 billion, about 2 billion suffer from micronutrient malnutrition; nearly 800 million suffer from calorie deficiency.
- Out of 5 billion adults worldwide, nearly 2 billion are obese or overweight. One in 12 have type 2 diabetes.
- Out of 667 million children under age 5 worldwide, 159 million are too short for their age (stunted), 50 million do not weigh for their height (wasted), and 41 million are overweight.
- Out of 129 countries with data, 57 countries have serious levels of both undernutrition and adult overweight (including obesity).
- For a sample of 41 low- and middle-income countries, we found that the rate of stunting reduction in the 2000s has a significant and large correlation with the existence of a specific and time-bound nutritional status target (usually stunting).
- The estimated prevalence of children between 6 and 59 months of age who are wasted or stunted is 38.9 percent. This compares with an estimate for the same countries of 33.0 percent of children 6–59 months who are stunted.
- Out of the 83 countries, only 13 have less than half of all children under 5 escaped both stunting and wasting.

Financing to Attain Targets

- The 10-year funding gap to meet 2025 milestones for stunting, severe acute malnutrition, breastfeeding, and anemia is US\$70 billion.
- Analysis of 24 low- and middle-income governments’ spending shows the mean allocation to nutrition at 2.1 percent, compared with 33 percent to agriculture, education, health, and social protection.
- Donor allocations to all nutrition-specific interventions are stagnating at \$1 billion, although their allocations to nutrition via other sectors are increasing.
- Non-communicable diseases (NCDs), many of which are linked to nutrition, cause 49.8 percent of death and disability in low- and middle-income countries. But less than 2 percent of donor health spending goes to NCDs per year.

Highlights

The Global Nutrition Landscape: Assessing Progress

Many countries are on track to meet global targets for under-5 stunting, wasting, and overweight, and exclusive breastfeeding of infants younger than 6 months old.

Nearly all countries are off course for the targets on anemia in women, and adult overweight, obesity, and raised blood glucose/diabetes.

Under-5 stunting is declining in every region except Africa, and the number of overweight children under 5 is increasing most rapidly in Asia.

The prevalence of adult overweight, obesity, and diabetes is rising for every region and nearly every country. The number of children under 5 who are overweight continues to rise globally, approaching the number of children under 5 who suffer from wasting.

Absence of data is a fundamental impediment to determining real progress at the global and national levels, hiding inequalities within countries and making it more difficult to hold governments accountable.

Global State of Malnutrition

Indicator	Number of Individuals (in 2014)	Current Prevalence (%)
Under 5 stunting	159 million	23.8
Under 5 overweight	41 million	6.1
Under 5 wasting	50 million	7.5
Low birth weight	20 million	15
Adult overweight (ages 18+)	1.9 billion	39
Adult obesity (ages 18+)	600 million	13

Taking Aim: Progress on Setting Nutrition Targets

An analysis of 122 national nutrition plans with a potential total of 732 targets (six targets for maternal, infant, and young child nutrition in each of 122 plans) revealed only 358 targets—just under half the potential number. When targets existed, only two-thirds of them were SMART (Specific, Measurable, Achievable, Relevant, and Time Bound).

Only about 30 percent of countries that provided data to the World Health Organization have incorporated targets for obesity, diabetes, and salt reduction into their national NCD plans.

About half of the 22 large food and beverage companies surveyed have set targets on salt, sugar, and added fats. Virtually none have targets to increase the levels of more health-promoting ingredients (such as whole grains, fruits, and vegetables) in their products, or to ensure accessibility of healthy products.

Eight Global Nutrition Targets for 2025

- Achieve a 40 percent reduction in the number of children under 5 who are stunted.
- Achieve a 50 percent reduction of anemia in women of reproductive age
- Achieve a 30 percent reduction in low birth weight.
- Experience no increase in overweight in children under 5 years.
- Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 percent.
- Reduce and maintain wasting in children under 5 at less than 5 percent.

The other consists of two of the World Health Organization targets in the Global Monitoring Framework for the Prevention and Control of Non-communicable Diseases (NCD):

- Experience no increase in obesity and diabetes (in adults and adolescents).
- Achieve a 30 percent reduction in average population salt intake.

Translating Global Targets to National Action

Only 36 percent countries implement all or many provisions of the International Code of Marketing of Breast-Milk Substitutes, which aims to encourage exclusive breastfeeding and appropriate use of complementary foods.

Nearly a fifth of all countries have no data on maternity protection policies (such as workplace policies that support continued breastfeeding and childcare), suggesting a huge legislation gap. Nearly 70 percent of countries with data do not have policies for the provision of nursing or childcare facilities at the workplace.

Governments are far behind in implementing these widely recommended policies to prevent obesity and NCDs. Of 193 countries, only 20 (10 percent) have made some progress on all three indicators; 120 (62 percent) have made no progress. Fifty-three countries (28 percent) reported fully achieving at least one or two of the three.

Of the 193 countries covered in the NCD capacity survey, 24 percent say they have implemented WHO's 2010 recommendations intended to guide national efforts to restrict food marketing to children (WHO 2010b).

Highlights

Accelerating the Contribution to Nutrition Improvements

Well over 30 percent of government spending in Africa and Asia is allocated to five sectors that serve as underlying drivers of nutrition: agriculture; health; education; social protection; and water, sanitation, and hygiene.

Direct undernutrition interventions, even when scaled up to 90 percent coverage rates, have been estimated to address only 20 percent of the stunting burden. Tackling the underlying drivers of nutrition, particularly in the sectors listed above, is key to addressing the other 80 percent.

The estimated contributions to under-5 height-for-age (standardized) made by the same set of underlying drivers in four South Asian countries over the past decade: Bangladesh, India, Nepal, and Pakistan.

Case Study: India

India almost doubled the rate of stunting reduction in the past 10 years compared with the previous decade, given that India is home to more than one-third of the world's stunted children. Like all other countries, though, India must pay attention to its growing rate of overweight and, in particular, high rate of diabetes.

It has been seen that relatively low-cost maternal and early-life health and nutrition programs offer very high returns on investment.

India lags behind many poorer countries in Africa south of the Sahara; at current rates of decline, India will achieve the current stunting rates of Ghana or Togo by 2030 and that of China by 2055.

Maharashtra was the first state in India to launch its nutrition mission in the form of an autonomous technical and advisory body, in 2005, under the Department of Women and Child Development.

Subsequently, five other states have launched their respective missions based on the Maharashtra model: Madhya Pradesh, Uttar Pradesh, Odisha, Gujarat, and Karnataka. All six state nutrition missions focus on the 1,000-day post-conception period and commit to improving inter-sectoral coordination in order to improve child nutrition.

Only two of the six states have clear, measurable targets for nutritional outcomes—Uttar Pradesh State Nutrition Mission and Odisha's Nutrition Operation Plan.

The Indian government, at the central level, allocated approximately US\$5.3 billion in total to nutrition-specific programs such as the Integrated Child Development Services Scheme and the National Health Mission. It allocated \$31.6 billion in total to several programs aimed at improving the underlying determinants of nutrition, such as the Public Distribution System (PDS), which focuses on food security, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), which focuses on livelihood security in rural areas, and the Swachh Bharat Mission, which is focused on sanitation.

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