

NUTRITION POLICY

The Untapped Path to Global Health, Economic Growth, and Human Security

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This fact sheet is a condensed version of a global nutrition policy primer. To learn more, visit www.csis.org/nutrition.

The strength and stability of a country hinges on the health of its people. With one in three humans affected by malnutrition, global nutrition investments should be a higher political priority. Nutrition is the foundation for children reaching their full potential and is one of the most cost-effective public health approaches, with a \$16 return on every \$1 invested.¹ Worldwide, malnutrition costs \$3.5 trillion annually,² with overweight- and obesity-related noncommunicable diseases (NCDs), such as cardiovascular disease and type 2 diabetes, adding \$2 trillion.³ Malnutrition robs countries of human capital, the foundation of economic development and resilience.

U.S. funding is inadequate. Only 0.003 percent of the total U.S. federal budget funds nutrition-specific activities within global health programs. Global nutrition—historically underfinanced—is fragmented across U.S. government initiatives. Improving global health, economies, and human security through nutrition requires stronger U.S. government prioritization, strengthened fiscal and operational commitments, better integration and coordination across programs, and a strong focus on reaching adolescent girls before pregnancy and mothers and newborns during the critical 1,000 days period.

WHY NUTRITION MATTERS

- **Global health:** lowers disease risk and severity, improves efficacy of other health interventions, and opens the way for sound lifelong health
- **Economic growth:** increases education attainment, skilled workforce, and community prosperity
- **Human security:** mitigates conflict and pressures to migrate
- **U.S. investments:** augments impact of commitments in global health, humanitarian relief, education, food security and agriculture, and women's empowerment

WHAT IS MALNUTRITION AND WHY DOES IT MATTER?

One in three people experience a minimum of one form of malnutrition, 88 percent of countries have two forms of malnutrition, and 29 percent have all three forms.⁴ These three forms of malnutrition may contribute to reduced early child cognitive development,

QUICK FACTS

- 821 million are undernourished
- 1.9 billion are overweight or obese
- 2 billion are micronutrient deficient
- 150.8 million are stunted (1 in 4; low height for age)
- 50.5 million are wasted (7.5 percent; low weight for height)
- 41 million children are overweight
- 8.23 million children are affected by both stunting and overweight
- 20 million newborns are low birth weight

stunting and/or wasting, and/or greater risk for infectious diseases and NCDs:

- undernutrition: those who weigh too little
- overweight or obese: those who weigh too much
- micronutrient deficiency: those who lack the necessary vitamins and micronutrients

First 1,000 days and adolescence are pivotal: Poor nutrition affects health at every stage of the life cycle, yet the first 1,000 days of a child's life (conception to age 2) and adolescence (10–19 years) are especially significant because of the nutrients necessary for rapid growth. Undernutrition and micronutrient deficiencies during pregnancy result in low gestational weight gain, heightened risk for pregnancy complications and mortality, growth restriction, and increased risk of NCDs later in life. Optimal nutrition during the first 1,000 days is imperative to prevent stunting.

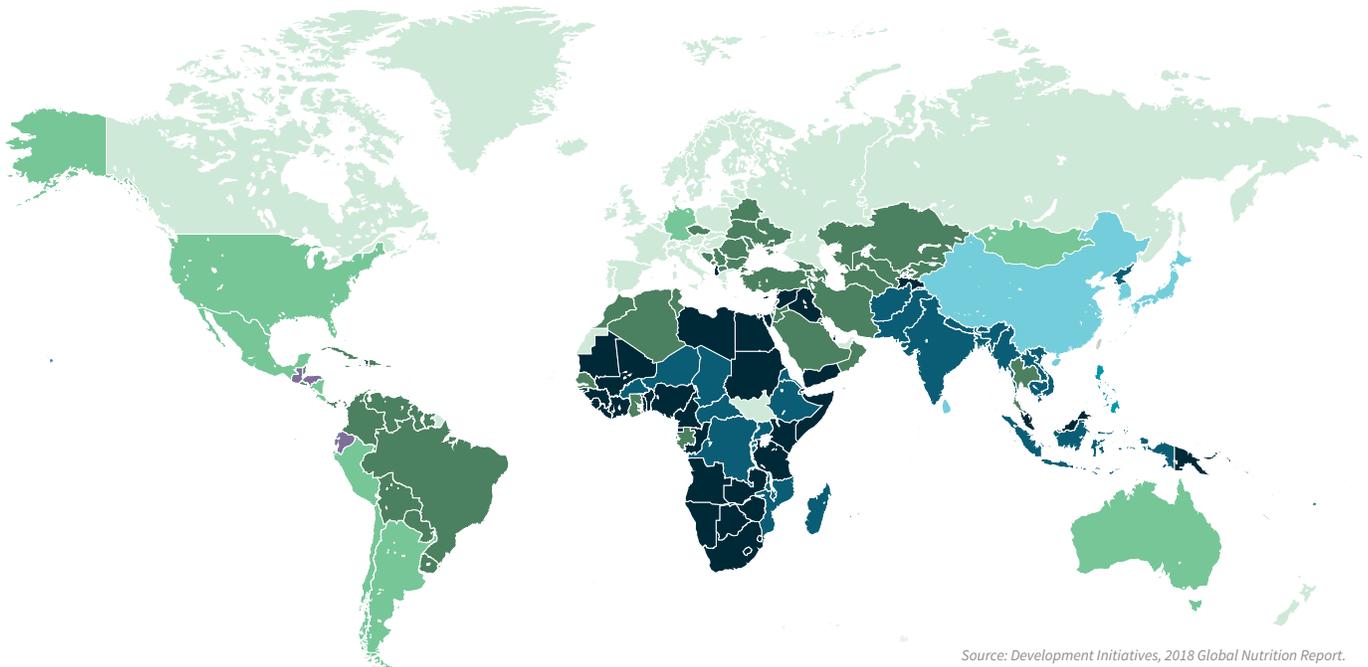
Nutrition is foundational to lifelong sound health: Nutrition has the power to prevent disease, increase lifespan and quality of life, aid disease therapies to work optimally, and promote overall health. Beyond stunting, undernutrition and micronutrient deficiencies throughout life contribute to both the risk and severity of infectious diseases and hinder treatment responses. Overweight and obesity are now the primary risk factors of NCDs, outpacing unsafe sex and alcohol, drug, and tobacco use combined.⁵

Nutrition is fundamental to U.S. strategic investments in HIV/AIDS and malaria: Nutrition is foundational to the success of the President's Emergency Plan for AIDS Relief (PEPFAR), which has invested more than \$80 billion over the past 15 years and provides life-sustaining treatment for more than 14.6 million persons living with HIV.⁶ Adequate nutrition promotes adherence to HIV medication where side effects can be exacerbated by low food intake.⁷ Nutrition is also fundamental to the success of the President's Malaria Initiative in that adequate nutrition lowers the morbidity and mortality of malaria.⁸

Stunted children are a huge drag on economies: More than 71 percent of all stunted children under 5 live in either Africa or Southeast Asia.⁹ As the global workforce transitions to less physical labor and more science and technology employment, the future prosperity of a country is increasingly dependent

Triple Burden of Malnutrition

The map shows the overlapping forms of stunting in children younger than 5 $\geq 20\%$; anemia in women of reproductive age $\geq 20\%$; overweight (body mass index ≥ 25) in adult women aged ≥ 18 years $\geq 35\%$, 2017 and 2018



Source: Development Initiatives, 2018 Global Nutrition Report.

on the education and health of its workforce. Stunting has a severe lifelong impact on brain development and contributes to cyclical poverty, reducing “gray matter infrastructure.” Stunted children experience reduced productivity because of fewer years of schooling and less learning per year in school.¹⁰ A 1 percent loss in adult height because of childhood stunting is associated with a 1.4 percent loss in economic productivity.¹¹ Undernutrition can cost countries up to 11 percent in lost gross domestic product.¹²

“When malnutrition strikes children in the first five years of their lives, it permanently stunts their bodies, their minds, and their potential to fully contribute to their country’s economy.”

Jim Yong Kim, Former President, World Bank Group, August 2014

Nutrition remains a key factor in conflict and political instability: Nutrition as a primary factor of food security should not be ignored. Undernourishment and acute food insecurity are both a cause and consequence of conflicts that affect human security. Sixty percent of undernourished and 79 percent of stunted children under 5 live in countries affected by conflict.¹³ Conflicts destroy agricultural infrastructure and health care resources, increasing infectious diseases, food insecurity, inadequate sanitation, violence, and refugees and migration.¹⁴ Food insecure countries with armed conflict have the highest

outward migration of refugees.¹⁵ For example, the Venezuelan economic crisis has resulted in tremendous food insecurity: a 2017 survey showed that 64 percent of Venezuelans reported losing an average of 24 pounds and 90 percent of migrants to Colombia named lack of food as a reason for migrating.^{16,17}

Nutrition has become a more visible global priority but remains woefully underfinanced: In 2012, the World Health Assembly issued a call to action that endorsed six global nutrition targets.¹⁸ An additional estimated \$70 billion is needed over 10 years to achieve just four of the targets (stunting, anemia, exclusive breastfeeding, and wasting),¹⁹ which would prevent 3.7 million child deaths, 265 million cases of anemia in women, and 65 million cases of stunting; 91 million children (under 5) affected by acute wasting would receive treatment.²⁰ Past critical nutrition mobilization included the L’Aquila Food Security Initiative, the Scaling Up Nutrition (SUN) Movement, and the Nutrition for Growth summits. Leading country donors in nutrition include the United States, United Kingdom, and European Union; philanthropic donors include the Bill & Melinda Gates Foundation and the Children’s Investment Fund Foundation.

U.S. GLOBAL NUTRITION FUNDING

Despite continued bipartisan congressional support, nutrition is not a free-standing, visibly independent priority within U.S. foreign assistance. Nutrition funding is dispersed across a spectrum of U.S. investments in global health; food security; water, sanita-

U.S. GOVERNMENT AGENCIES AND DEPARTMENTS THAT ENGAGE IN OR IMPLEMENT GLOBAL NUTRITION ACTIVITIES

1. Agency for International Development
2. Department of Agriculture
3. Department of Health and Human Services
4. Department of State
5. Department of Treasury
6. Millennium Challenge Corporation
7. Peace Corps
8. White House Office of Science and Technology Policy

tion, and hygiene (WASH); and humanitarian initiatives. Nutrition remains a secondary, subordinate concern.

U.S. funding: U.S. nutrition-specific funding is appropriated through the U.S. Agency for International Development (USAID) Global Health Bureau and reported through its nutrition subaccount, representing an inadequate 1.6 percent of the USAID global health programs (GHP) 2019 appropriation. Additional nutrition funding is determined at the agency or program level across associated appropriations such as the Economic Support Fund, Development Assistance, and Food for Peace. After 2016, appropriated funding remained stagnant at \$125 million until the 2019 increase to \$145 million. Seven additional federal agencies engage in and/or implement global nutrition activities, but nutrition spending is subsumed in budgets and public financial reporting is limited.

IMPROVING U.S. GLOBAL NUTRITION IMPACT

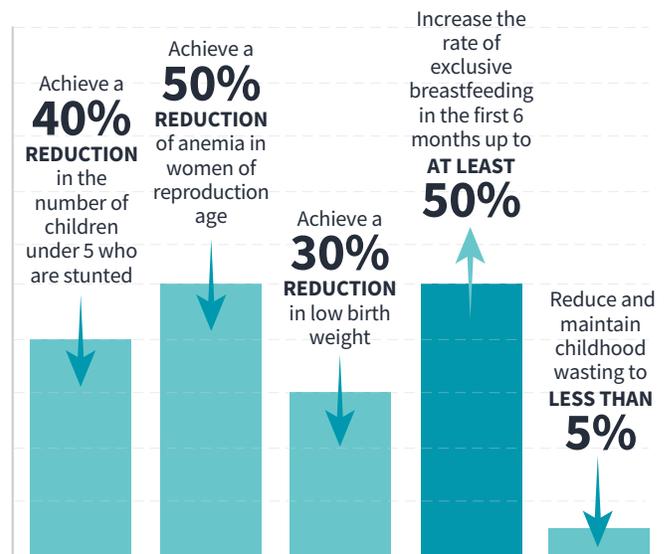
The U.S. government can expand its leadership role by addressing significant gaps and challenges. These gaps include funding to expand multisectoral implementation, research, and operations. **Increasing funding within the GHP nutrition subaccount from \$145 million to \$290 million** would help fill these gaps, allowing programs to utilize a systems-based approach.

The first two years of additional funding would serve as a start-up and pilot phase, which could target a purposeful sample of geographic locations that are priorities for U.S. Global Health, Feed the Future, and Food for Peace funding. An analysis of countries should be conducted to identify current nutrition-specific and -sensitive programming where coordinated efforts are possible across health priorities. The populations and interventions that would provide the most cost benefit are adolescent girls and young women, pregnant women, and children during their first 1,000 days of life, with interventions focusing on the global reduction targets of stunting, wasting, and anemia.

Illustrative Allocations and Possible Impact of \$145 Million Implementation:

At least 80 percent of the budget increase (\$116 million) is suggested for the USAID pilot of new interventions targeting the 1,000 days period and adolescent girls, the populations that provide the most cost benefit. The funding could reach an estimated additional 25.8 million children, increase the likelihood

2025 WHA GLOBAL NUTRITION TARGETS



of undernutrition-related child survival by more than 396,000 children, and potentially reduce anemia by 25 percent among 10- to 24-year-old adolescent girls and young women through iron and folic acid supplementation and provide nutrition education and counseling to at least 75 percent of this population.^{21,22}

Research: A suggested 10 percent of additional funds (\$14.5 million) would support monitoring and evaluation of the pilot and implementation science of the new interventions. Data is needed at the U.S. federal government and local community levels to improve coordination, cost-effectiveness, and health outcomes across nutrition-related programs. Because of the gaps in nutrition and implementation research, this data would be a public good and therefore should be shared in a systematic and timely fashion.

Operations: Approximately 10 percent of the additional funds (from \$14.5 million) should support USAID headquarters and country mission staff to fully execute the USAID *Multi-Sectoral Nutrition Strategy 2014-2025*, the *Strategy's Monitoring and Learning Plan*, and the *U.S. Government Global Nutrition Coordination Plan 2016-2021*. Without leadership and funding, these plans will not successfully move forward with proposed goals or reporting. This funding also would support the planning, identification of new strategies, and start-up phase of the pilot and the public dissemination of outcomes and reporting.

By allocating an additional \$145 million to the GHP nutrition subaccount, USAID would have the resources to pilot and evaluate a new multisectoral approach. The pilot has the potential to provide an evidence base to U.S. policymakers and bilateral institutions on the cost-effectiveness of multisectoral nutrition programs; provide data to assist in the identification of the best approach to scale up services that work and better understand interventions that are not successful; and identify new pathways to integrate nutrition across U.S. government initiatives while not diluting nutrition as a priority.

About the Author

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ENDNOTES

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