

Catalyzing Progress Toward the Global Nutrition Targets: Three Potential Financing Packages

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Key Messages

- The world needs an investment of \$7 billion per year above current levels over 10 years—or a little over \$10 per child per year—to scale-up a **full package** of nutrition-specific interventions that would achieve four key global nutrition targets.
- In an environment of constrained resources, two alternative scenarios that have lower financing needs are also presented, with the caveat that neither of these smaller sets of investments would achieve the global targets:
 - The **priority package**, which includes interventions that are most cost-effective and have well-established global policy guidelines and delivery platforms, would require \$2.3 billion annually over 10 years or a little over \$4 per child per year.
 - The **catalyzing progress package** includes the scale-up of all interventions in the priority package plus a phased approach to scaling up the other interventions needed to meet the targets. This package would require \$3.7 billion annually over 10 years or approximately \$5 per child per year.
- Some countries may not be able to scale up the full package of interventions to meet the targets; these countries may need to start instead with the priority or catalyzing progress packages as a down payment while they work toward financing the full package of interventions.

Achieving the Global Targets for Nutrition

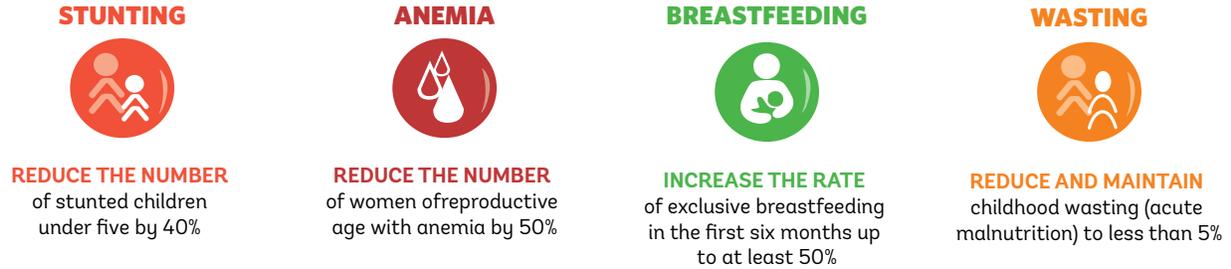
As of 2015, 159 million children under the age of five were chronically malnourished or stunted, underscoring a massive global health and economic development challenge (UNICEF, WHO, and World Bank 2015). In 2012—to rally the international community around improving nutrition—the 176 members of the World Health Assembly endorsed the first-ever global nutrition targets, focusing on six areas: stunting, anemia, low birthweight, childhood overweight, breastfeeding, and wasting. These targets aim to boost investments in cost-effective interventions, spearhead better implementation practices, and drive progress toward reducing malnutrition. Two of these targets (stunting and wasting) are further enshrined within the United Nations' Sustainable Development Goal 2 (SDG 2.2), which commits to ending malnutrition in all its forms by the year 2030.

Note: This summary is based on Shekar, Meera, Jakub Kakietek, Julia Dayton Eberwein, and Dylan Walters. 2017. *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting*. Directions in Development Series. Washington, DC: World Bank. doi:10.1596/978-1-4648-1010-7; available at <https://tinyurl.com/InvestmentFrameworkNutrition>.

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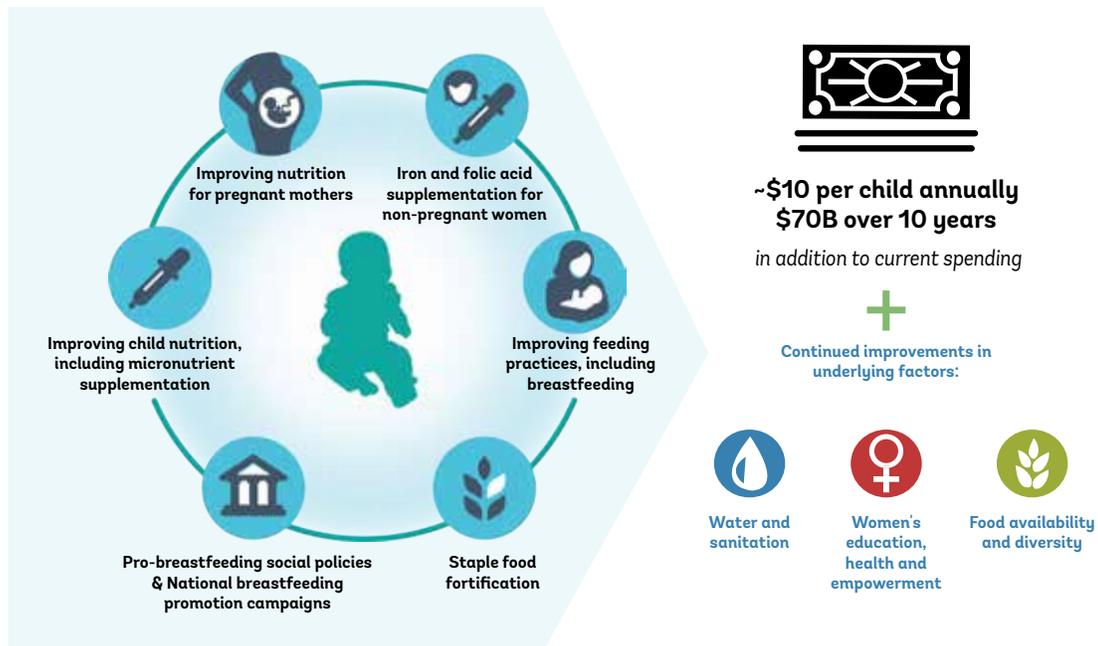
Four World Health Assembly Global Targets for Nutrition



Source: WHO 2014.

The recent report *An Investment Framework for Nutrition* estimates the resources required over 10 years to reach four of the six global targets (Figure 1).¹ The world needs an investment of \$7 billion per year above current levels over 10 years to achieve the global targets for stunting, anemia, and breastfeeding, and scaling up treatment of severe wasting among children (Figure 2).² The expected impact of this increased investment would be enormous: 65 million cases of stunting among children and 265 million cases of anemia in women would be prevented in 2025 as compared with the 2015 baseline.³ In addition, over 10 years at least 91 million children under age five would be treated for severe wasting and 105 million babies would be exclusively breastfed during the first six months of their lives. Altogether, investing in interventions to reach these targets would result in averting at least 3.7 million child deaths.

Figure 2: An Affordable Package to Meet Four Global Nutrition Targets



¹ Two of the global nutrition targets—those for low birthweight and for child overweight—were not included in the analyses because when the work was undertaken there were insufficient data on the prevalence of low birthweight and a lack of consensus on effective interventions to reach the target for child overweight.

² Financing needs are estimated for scaling up interventions to treat severe wasting, but it was not possible to estimate the financing needs of achieving the wasting target because of a lack of evidence about which interventions are effective in preventing wasting.

³ The expected impact of this scale-up on stunting is the result of the proposed intervention package combined with assumed improvements in underlying determinants of malnutrition.

Two Alternative Scale-Up Packages

An annual investment of \$7 billion more than is currently being spent on nutrition is an admittedly ambitious financial goal, especially given the modest increases in government health expenditures in low- and middle-income countries and plateauing official development assistance for health (Dielman et al. 2016a, 2016b). In this environment of constrained resources, it is critical to channel resources to scaling up interventions with the highest technical efficiencies, cost-effectiveness, and potential for impact. Although all interventions included in the full scale-up package have evidence of impact, some are more expensive than others, and some would benefit from additional operational research before they are ready for full scale-up. Furthermore, some of the interventions lack global guidelines or established delivery platforms and are, thus, not immediately ready for scale-up even though they are critical to achieving the targets. Therefore two more limited intervention packages are presented (Table 1).

Table 1: Three Scale-Up Packages: Annual Resources Required and Interventions Included

	\$4/child/year	\$5/child/year	\$10/child/year
	PRIORITY PACKAGE	CATALYZING PROGRESS PACKAGE	FULL PACKAGE
Annual resources required over 10 years (billions):	\$2.3	\$3.7	\$7.0
INTERVENTION			
Antenatal micronutrient supplementation	✓	✓	✓
Infant and young child nutrition counseling	✓	✓	✓
Balanced energy-protein supplementation for pregnant women		Phased ^a	✓
Intermittent presumptive treatment of malaria in pregnancy in malaria-endemic regions	✓	✓	✓
Vitamin A supplementation for children	✓	✓	✓
Prophylactic zinc supplementation for children		Phased ^a	✓
Public provision of complementary food for children		Phased ^a	✓
Treatment of severe acute malnutrition among children	✓	✓	✓
Iron and folic acid supplementation:			
▪ non-pregnant women 15-19 years old in school only	✓	✓	✓
▪ all non-pregnant women		Phased ^a	✓
Staple food fortification:			
▪ Wheat and maize flour	✓	✓	✓
▪ Rice		Phased ^a	✓
Pro-breastfeeding social policies	✓	✓	✓
National breastfeeding promotion campaigns	✓	✓	✓

a. The intervention scale-up is phased in slowly over 10 years. During 2016–21, a 10 percent scale-up is assumed; the focus will be on establishing global guidelines and on operational research to develop effective delivery platforms. In 2021–25, program expansion is assumed to accelerate and reach 60 percent by 2025.

The Priority Package of Interventions

The first alternative, the priority package, includes interventions that are most cost-effective—that is, those that have both the lowest costs per health outcome (for example, the lowest cost per case of stunting averted) and well-established global policy guidelines and delivery platforms. This priority package would require about \$23 billion over 10 years, or approximately \$2.3 billion annually. Combined with assumed improvements in the underlying determinants of malnutrition, this investment would result in 50 million fewer children being stunted and 150 million cases of anemia prevented in 2025 compared with the 2015 baseline. In addition, just like the full package, at least 91 million children under five years of age would be treated for severe wasting and 105 million babies would be exclusively breastfed during the first six months of life over 10 years. It would prevent about 2.3 million deaths in children under age five (Table 2). However, the priority package would fall short of reaching the targets by 2025.

Table 2: Benefits by Scale-Up Package

		\$4/child/year	\$5/child/year	TARGETS ACHIEVED! \$10/child/year
GLOBAL TARGET	BENEFIT	PRIORITY PACKAGE	CATALYZING PROGRESS PACKAGE	FULL PACKAGE
 STUNTING	Cases of stunting reduced by 2025 (vs 2015) ^a	50 million	58 million	65 million
	Child deaths averted over 10 years	1.5 million	2.1 million	2.8 million
 ANEMIA	Percent reduction in number of women with anemia	28%	45%	50%
	Cases of anemia in women prevented by 2025	150 million	230 million	265 million
	Child deaths averted over 10 years	660,000	740,000	800,000
	Maternal deaths averted over 10 years	7,000	7,000	7,000
 BREASTFEEDING	Percentage of babies exclusively breastfed in 2025	54%	54%	54%
	Additional babies breastfed over 10 years	105 million	105 million	105 million
	Child deaths averted over 10 years	520,000	520,000	520,000
 WASTING	Number of children treated for severe wasting	91 million	91 million	91 million
	Child deaths averted over 10 years	860,000	860,000	860,000
ALL TARGETS	Child deaths averted over 10 years	2.3 million	2.6 million	3.7 million

a. Total impact of proposed intervention package combined with other health and poverty reduction effort.

Catalyzing Progress Package of Interventions

The second alternative, the catalyzing progress package, includes the scale-up of all interventions in the priority package along with a phased approach to scaling up the remaining interventions: public provision of complementary foods, balanced energy-protein supplementation, prophylactic zinc supplementation, iron and folic acid supplementation for women outside of schools, and fortification of rice (see Table 1). It is assumed that, for the latter set of interventions, emphasis during the first five years of scale-up would be placed on establishing global guidelines and on conducting operational research to develop more effective delivery platforms, less expensive products, and more cost-effective technologies. By 2021, these phased investments would improve technical efficiencies, maximize service delivery opportunities, and help establish global guidelines so that coverage of these interventions could be rapidly scaled up in the following five years. Thus, by 2025, the catalyzing progress package would include all interventions that are in the full package, but at a less aggressive pace of scale-up, with stronger delivery platforms and potentially lower costs and better economies of scale.

The catalyzing progress package would require about \$37 billion over 10 years (see Table 2), or approximately \$3.7 billion annually. Combined with the assumed improvements in the underlying determinants of malnutrition, it would result in 58 million fewer children being stunted and 230 million cases of anemia prevented in 2025 compared with the 2015 baseline. In addition, as with the full and priority packages, at least 91 million children under age five would be treated for severe wasting and 105 million babies would be exclusively breastfed during the first six months of life over 10 years. Overall the catalyzing progress package would prevent about 2.6 million deaths in children under five. Although this package would significantly accelerate progress toward the global targets, like the priority package, it would not be sufficient to reach the targets by 2025.

Financing the Scale-Up to Meet the Targets

Currently, approximately \$3.9 billion is spent per year globally on all nutrition-specific interventions in the full scale-up package, including about \$2.9 billion contributed by low- and middle-income countries and about \$1 billion contributed by official development assistance (ODA). This represents a modest investment in nutrition compared to development funding overall and considering the high potential of investing in nutrition to improve health and economic outcomes. The costs to scale up the intervention packages presented here represent additional funding needed above and beyond current expenditures. To identify a way to finance these additional investments, the analysis uses principles of ability to pay, country ownership, and sustainability. ODA investments would rapidly scale up in the first five years, but taper off during the second five years, at which time domestic financing would ramp up and then be maintained.

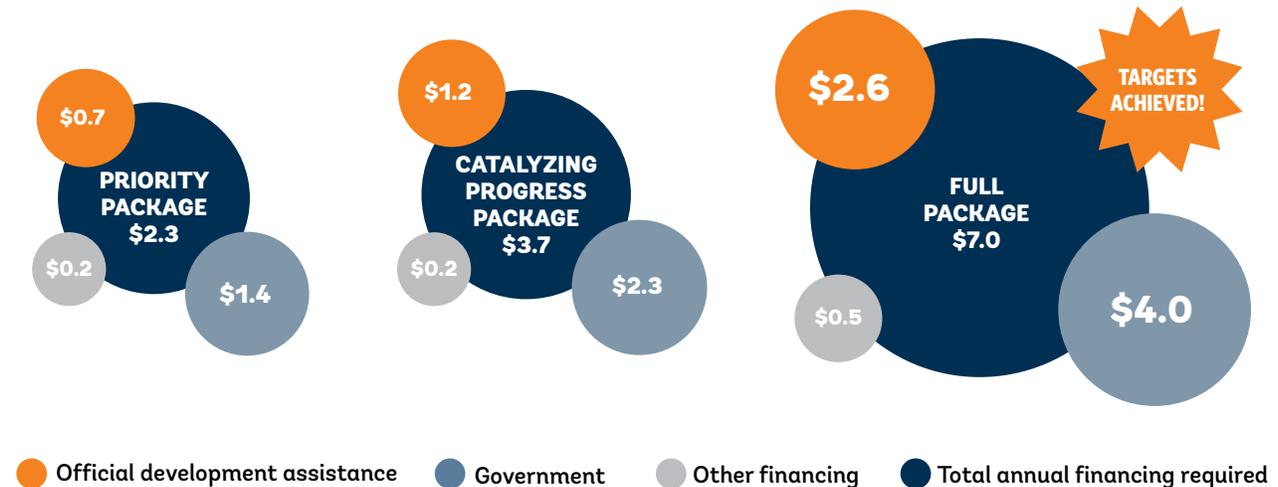
To scale up the priority package of interventions, an additional \$2.3 billion a year over the next 10 years could be generated if domestic financing increased by 1.5-fold to contribute an additional \$1.4 billion per year on average and ODA increased by 1.7-fold to contribute an additional \$0.7 billion per year on average (Figure 3).

To scale-up the catalyzing progress package of interventions, an additional \$3.7 a year over the next decade could be generated if domestic governments and ODA each approximately double their efforts and contribute an additional \$2.3 billion and \$1.2 billion per year on average, respectively.

The highest level of political will, commitment, and priority setting for nutrition will be required to mobilize the \$7.0 billion needed annually to reach the targets. Domestic government financing would have to increase current investments over 10 years by 2.4-fold and ODA investments would have to almost

quadruple to contribute an additional \$4.0 billion and \$3.0 billion per year on average, respectively. Although both domestic governments and ODA would be required to increase financing for nutrition, the reprioritization of nutrition expected of domestic governments is more dramatic. Some countries may not be able to achieve this right away but may need to start with the priority or catalyzing progress packages as a down payment as they work toward financing the full package of interventions.

Figure 3: Annual Additional Financing Required for 3 Potential Nutrition Packages (Billions)



Note: Figures denote average annual financing required over 10 years; exact annual requirements vary year to year. Other financing includes additional contributions from households, innovative financing mechanisms, and financing for intermittent presumptive treatment for malaria in pregnancy in malaria-endemic regions. Due to rounding, the types of financing required for the full package do not sum exactly to \$7.0.

Initial Investments Could Ignite Progress in Meeting the Targets

The priority and catalyzing progress packages are excellent options for initiating progress toward achieving the global nutrition targets. As such, they are important first steps in leveraging resources, but the global push must not end with these initial efforts. Both alternative packages are significantly less effective than the full package; that is, their impact on the health and nutrition status of women and children is smaller than that of the full package. Thus additional investments will be needed over time to reach the global targets and, in doing so, promote better nutritional status among children, allowing them to reach their potential and contribute fully to economic growth and prosperity.

Acknowledgments

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For more information please see: <https://tinyurl.com/InvestmentFrameworkNutrition>