



1 THE NEW CHALLENGE: END ALL FORMS OF MALNUTRITION BY 2030

“END ALL FORMS OF MALNUTRITION BY 2030.” THAT WAS THE CHALLENGE WORLD LEADERS LAID DOWN TO ALL OF US AT THE END OF 2015 WHEN THEY adopted the Sustainable Development Goals (SDGs).

It is a formidable challenge. Every country is facing a serious public health challenge from malnutrition (IFPRI 2014). One in three people is malnourished in one form or another (IFPRI 2015a). Malnutrition manifests itself in many forms: as children who do not grow and develop to their full potential, as people who are skin-and-bone or prone to infection, as people who carry too much weight or whose blood contains too much sugar, salt, or cholesterol.

The consequences are literally devastating (Panel 1.1). An estimated 45 percent of deaths of children under age 5 are linked to malnutrition (Black et al. 2013). Malnutrition and diet are now the largest risk factors responsible for the global burden of disease—by far (Forouzanfar et al. 2015).

The economic consequences represent losses of gross domestic product (GDP), year in and year out, of 10 percent—far greater than the annual percentage loss in world GDP due to the global financial crisis of 2008–2010 (Horton and Steckel 2013; IFPRI 2015a; World Economics 2016). New estimates of the costs of obesity and diabetes have also emerged. In the United States, for example, a household with one obese person incurs additional annual health care costs equivalent to 8 percent of its annual income (Su et al. 2015). In China, people diagnosed with diabetes face a resulting annual 16.3 percent loss of income (Liu and Zhu 2014).

Malnutrition results from the interaction of poor-quality diets and poor-quality health and care environments and behaviors, which are shaped in

PANEL 1.1 THE SCALE OF MALNUTRITION IN 2016

Although the numbers of people affected by different types of malnutrition cannot simply be summed (because a person can suffer from more than one type), the scale of malnutrition is staggering.

OUT OF A WORLD POPULATION OF **7 BILLION**



About **2 billion** people suffer from micronutrient malnutrition



Nearly **800 million** people suffer from calorie deficiency

OUT OF **5 BILLION** ADULTS WORLDWIDE



Nearly **2 billion** are overweight or obese



One in 12 has type 2 diabetes

OUT OF **667 MILLION** CHILDREN UNDER AGE 5 WORLDWIDE



159 million under age 5 are too short for their age (stunted)



50 million do not weigh enough for their height (wasted)



41 million are overweight

OUT OF 129 COUNTRIES WITH DATA, **57 COUNTRIES**

have serious levels of both undernutrition and adult overweight (including obesity)

Sources: Micronutrient malnutrition: WHO (2009); overweight and obesity: WHO (2016i); child stunting, wasting, and overweight: UNICEF, WHO, and World Bank (2015); calorie deficiency: FAO (2015b); diabetes: WHO (2016c). Multiple burdens: The cutoffs for placing countries in each indicator category are as follows: under-age-5 stunting ≥ 20 percent, women of reproductive age anemia ≥ 20 percent, and adult overweight and obesity (BMI > 25) ≥ 35 percent. Full results appear in Appendix Table A1.1.

part by a host of underlying factors, such as political instability, poor economic development, conflict, inequality, and some dimensions of globalization.

CAN WE END MALNUTRITION BY 2030?

Imagine the emergence of a new disease that threatens the potential of one in three people, affecting individuals of every age in all countries. Imagine that the president of the World Bank likens it to “baking inequality into the brains of children.” And then imagine that even though we know a

great deal about how to prevent and address this new disease, many leaders at all levels turn a blind eye to it. Most of us would be outraged. The disease—malnutrition—is of course already here. The scenario we must avoid now is the tepid response.

The ground has never been more fertile for a step change in the level of commitment to high-impact actions for improving nutrition. Consider the following.

First, the SDGs represent an unprecedented set of opportunities to make commitments to nutrition. We estimate that at least 12 of the 17 SDGs contain indicators

that track important nutrition inputs (Figure 1.1). The largest numbers of indicators are found within the gender equality and health goals. Progress toward both of those goals is vital for improving people’s nutrition status. If the nutrition community can help development partners in these and other sectors to move these indicators faster, then they win and nutrition wins.

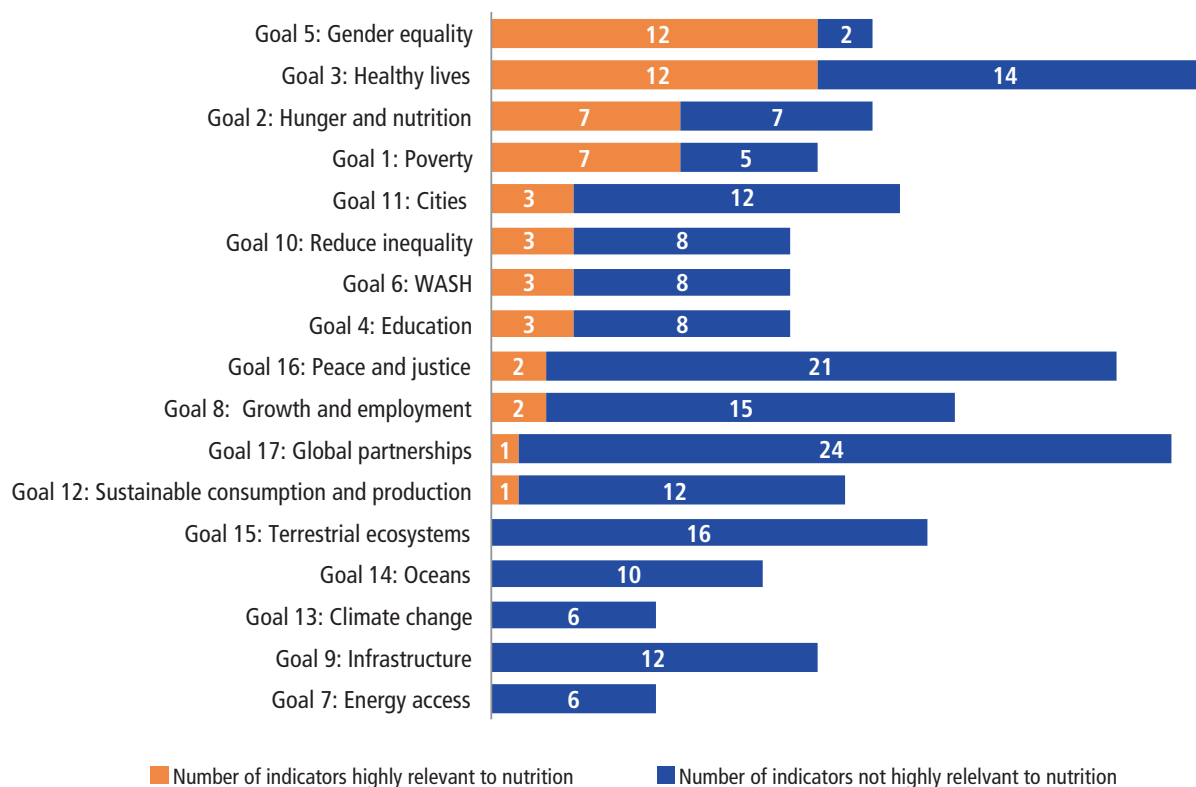
Second, the economic arguments for investing in nutrition are being adopted by mainstream economists. For example, for the past year the president of the African Development Bank—an organization known for financing roads, ports, and bridges—has been calling for a revolution in investment in “grey matter infrastructure”—in other words, investment in preventing malnutrition early in life (Global Panel on Agriculture and Food Systems for Nutrition 2016). Furthermore, India’s Ministry of Finance, in its Economic Survey 2015–16, devotes an entire chapter to dealing with malnutrition, opening with this statement: “Imagine the government were an investor trying to maximise India’s long-run economic growth. Given fiscal and capacity constraints, where would it invest? This chapter shows that relatively low-cost maternal and early-life

health and nutrition programs offer very high returns on investment” (India, Ministry of Finance 2016).

Third, there is real hope that India, so long synonymous with the problem of malnutrition, can become a major part of the solution. The country almost doubled the rate of stunting reduction in the past 10 years compared with the previous decade (IFPRI 2015a). That is highly significant given that India is home to more than one-third of the world’s stunted children. India’s awakening to all forms of malnutrition could be a significant game changer for the world’s prospects of reaching the SDGs, much as China was for the Millennium Development Goals. Like all other countries, though, India must pay attention to its growing rate of overweight and, in particular, high rate of diabetes.

Fourth, as the 2015 *Global Nutrition Report* documents, policymakers both inside and outside the nutrition community are realizing that ending malnutrition is well aligned with other development imperatives, such as slowing climate change, making food systems healthier and more sustainable, and helping businesses become more supportive of sustainable development.

FIGURE 1.1 Number of indicators in each SDG that are highly relevant for nutrition



Source: Authors.

Finally, momentum is strong for nutrition at present. As Table 1.1 shows, recent years have seen an unprecedented number of interlinked global declarations and commitments to nutrition. They are voluntary, but collectively they have been gathering strength, and they provide a firm platform on which to build political commitment and accountability. The Decade of Action on Nutrition, adopted by the United Nations General Assembly in 2016, reinforces countries' commitment to achieve by 2025 the global nutrition targets adopted by the Member States of the World Health Organization (the targets are shown in Table 2.2). The SDGs have given us an even broader scope and five additional years to fight the different forms of malnutrition and potentially eliminate some of them. The level of ambition for the SDG nutrition targets in 2030 remains to be set, and the World Health Organization (WHO) has been asked to convene discussions over this topic.

The 2016 Nutrition for Growth (N4G) Summit in Rio de Janeiro affords the next opportunity for countries to come together to discuss commitments. All nutrition stakeholders need to seize that opportunity and engage in a process of developing SMART (that is, specific, measurable, achievable, relevant, and time-bound), ambitious, and aligned commitments to end all forms of malnutrition.

Although the time is right for a step change in commitment to nutrition, we need to be mindful of the external challenges. These include a potential slowdown in global

economic growth, increasing numbers of people displaced by conflict, and downward pressure on aid budgets. Recognizing the challenges that can emerge from within the nutrition community, we must also guard against complacency, an inability to work together, and a failure to demonstrate results.

Can we vanquish malnutrition by 2030? For undernutrition, success is plausible. For overweight, obesity, and nutrition-related noncommunicable diseases (NCDs), the rising tide can be stopped and the reversal can begin. In practice, though, we will meet the SDG goal of ending malnutrition only if those with the power to make change exercise that power. Each of us reading this report has the power to change things. We need to make it easier for policymakers to choose to do the right things—and harder for them not to. That is what the 2016 *Global Nutrition Report* aims to do. We can achieve this goal by 2030—but only if we choose to do so.

WHAT NEEDS TO HAPPEN TO END MALNUTRITION

The global calamity of malnutrition is not inevitable. It results from choices we make or fail to make.

MAKE THE RIGHT POLITICAL CHOICES

Nowhere is this clearer than when we compare the different nutrition choices that otherwise similar countries

TABLE 1.1 Building a global commitment to nutrition

Year	Global commitment to nutrition
2011	The United Nations releases a political declaration on noncommunicable diseases (NCDs) as the outcome of a High-Level Meeting on the Prevention and Control of NCDs.
2012	At the World Health Assembly, national governments adopt a series of nutrition targets as part of the Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition.
2013	The governments of the United Kingdom and Brazil together with the Children's Investment Fund Foundation cohost a summit designed to raise commitment to actions to achieve the Global Targets on Maternal, Infant, and Young Child Nutrition. At the World Health Assembly, national governments adopt a series of targets on the prevention and control of NCDs, including nutrition-relevant targets.
2014	The United Nations holds a follow-up meeting to the 2011 High-Level Meeting on the Prevention and Control of NCDs to review progress. Countries make clear commitments to, by 2015, set national NCD targets for 2025 and establish process indicators taking into account the nine NCD targets.
2014	Governments come together at the Food and Agriculture Organization/World Health Organization International Conference on Nutrition (ICN2) and agree on a set of 10 commitments in the Rome Declaration on Nutrition and the accompanying Framework for Action.
2015	Countries assemble at the United Nations to adopt a new nutrition target as part of the Sustainable Development Goals to, by 2030, end all forms of malnutrition.
2016	The United Nations General Assembly declares a Decade of Action on Nutrition from 2016 to 2025. The Decade of Action would translate the ICN2 commitments into coherent and coordinated actions and initiatives by all national governments, both low and high income.
2016	Proposed date for the Nutrition for Growth (N4G) Summit in Rio de Janeiro, Brazil
2016	Japan's leadership on nutrition is growing in advance of the 2016 Group of 7 meeting and the lead-up to the 2020 Tokyo Olympics and Paralympics.

Source: Authors.

make. As we have highlighted in previous *Global Nutrition Reports*, governments and civil society in Brazil, Peru, Viet Nam, Kenya, Ghana, and the Indian state of Maharashtra have pursued determined and sustained efforts to improve nutrition outcomes. And their efforts have paid off.

Those countries have made political choices to allocate scarce resources to nutrition. As is clear from the 2014 and 2015 *Global Nutrition Reports*, civil society groups contributed to change in these places by helping to articulate the suffering and wasted human potential malnutrition causes. Articulating dissatisfaction is a first step, but it must be accompanied by a set of solutions stakeholders in the country can implement with the participation of those most affected.

Political commitment to do something about malnutrition creates the space for dialogue about what needs to happen. But malnourished people need more than talk—they need action. And not just any action—they need actions, backed by evidence, that will reduce malnutrition. They need actions for which implementers can be held accountable. They need actions that are ambitious. Finally they need actions that are aligned with the efforts of others. Malnutrition is caused by a powerful array of factors, and it requires an even more powerful alignment of stakeholders, working across many sectors, to overcome it.

We know a lot about which actions to take. The evidence is strong. Increasingly we know how to do it. Whether the problem is stunting or anemia or obesity, we know we have to work at multiple levels across multiple sectors. And while we need a continual stream of new evidence to deliver even more impacts for existing resources and to make the case for more resources, the strength of the current evidence base is sufficient to allow progress on many fronts.

To attain SDG 2 (“End hunger, achieve food security and improved nutrition, and promote sustainable agriculture”)—and other SDGs—we must implement policies that make food, health, education, WASH (water, sanitation, and hygiene), and poverty reduction systems more nutrition oriented. We need policies that make food, social, health, and living environments conducive to behaviors that will reduce malnutrition in whatever form it takes. As we proposed in *Global Nutrition Report 2015*, we need policies that work “double duty” to address undernutrition while also combating obesity and nutrition-related NCDs. We have to rethink these policies, finance them, and implement them.

- Diet is now the number-one risk factor for the global burden of disease. The diet choices available to us are shaped by our food systems, which are not sufficiently well geared toward enabling us to consume high-quality, healthy, and nutritious diets. Plausible ideas exist on how

to make food systems work harder for nutrition while enhancing sustainability.

- Our health systems are the source of most of the high-impact nutrition interventions that address undernutrition, and health systems can also play a key role in preventing and controlling overweight and obesity. Yet health systems are far from universal. As previous *Global Nutrition Reports* have shown, the coverage rates of nutrition interventions differ markedly from country to country and intervention to intervention.
- Education systems could do much more to keep girls in school to delay the age at which they first give birth. Schools also provide a huge opportunity to reset norms about healthful diets and good nutrition practices.
- Antipoverty programs such as social protection command large resource flows compared with nutrition, but success in fighting poverty does not necessarily translate into success in cutting malnutrition. We know how anti-poverty programs can be redesigned to help them pack a bigger nutrition punch, which in turn will generate higher economic returns throughout people’s life cycles.
- Improved water and sanitation services help improve nutrition, but they may well be able to do more if they are designed to sharpen their focus on infants and young children.

Financing is of course essential if action is to be implemented in a sustained and widespread manner. This means making existing resources work harder for nutrition and finding extra resources—from governments, local authorities, communities, external donors, households, and businesses—to scale up already high-impact interventions. It means bringing obesity and nutrition-related NCDs into the financing equation so that nutrition interventions can work double duty and their huge health burden receives a fairer share of financial resources.

REJECT BUSINESS AS USUAL

Will business as usual get us to the end of malnutrition? Only long past 2030. Business as usual will result in the persistence of suffering all over the world, the depletion of human potential, and the squandering of economic growth. What is the basis for this gloomy statement? First of all, overweight, obesity, and nutrition-related NCDs are rising; they need to stop increasing before we can begin discussing how long it will take to end them. Second, simple business-as-usual extrapolations of anemia prevalence in women suggest it would take until 2124 to achieve a prevalence rate of 5 percent. Simple business-as-usual extrapolations of stunting numbers suggest that the 2025 global target of 100 million would be met in the mid-2030s, and 50 million by the mid-2050s.¹ Moreover,

as we show in Chapter 5, the rates at which policies and programs are being implemented remain shockingly low. Malnourished people cannot wait that long for their rights to be respected, protected, and promoted.

The global governance of nutrition—the various entities that set norms, examine what works in practice, and hold everyone accountable so that sufficient resources can be mobilized for the right activities in the right places—must be fit for this purpose: giving us a good chance of ending malnutrition by 2030.²

MAKE COMMITMENTS THAT COUNT

No one should underestimate the political capital that policymakers must spend to reshape policy and scale up interventions, and then to finance both. So any slippage in implementation represents a waste of energy and diminishes hope that things can change.

The *Global Nutrition Report* was established at the 2013 Nutrition for Growth Summit as an independent accountability mechanism to make it harder for stakeholders to back out of their nutrition commitments. The *Global Nutrition Report* has kept this core function while framing its work in a more positive light. For example, the first *Global Nutrition Report* in 2014 aimed to bring together different strands of the nutrition world so that they could stand together more powerfully and accountably. The 2015 *Global Nutrition Report* aimed to expand the circle of commitment to end malnutrition in all its forms.

This 2016 *Global Nutrition Report* aims to make it easier for governments and other stakeholders to actually make high-impact commitments to end malnutrition in all its forms. It offers guidance to governments and other stakeholders on the following:

- *Why* commitments matter: they are a signal of intent, and they seem to go hand in hand with improved performance.
- *Where* to make commitments: which locations and which sectors.
- *Who* the commitments are being made for: which age and gender groups and which socioeconomic groups.
- *How* SMART (specific, measurable, achievable, relevant, and time bound), ambitious, and aligned some of our current commitments are and how all of our commitments to nutrition could be more so.
- *What* kinds of commitments to make: which policies and programs to commit to, and what level of funding is available and required.
- *Who* needs to do what and by when.

But can we be sure that commitment really matters? Does it lead to action that leads to what we want:

accelerated improvements in nutritional status?

Qualitatively, past *Global Nutrition Reports* have highlighted the importance of commitment for action. For example, in 2014 we noted the importance of the Indian state of Maharashtra's Nutrition Mission—a public declaration of intent to reduce malnutrition from the chief minister of the state—for enabling actions leading to a rapid decline in stunting rates. In 2015 we described the Ethiopian government's commitment to redesign the largest social protection program in Africa to make it more nutrition focused. In this report we highlight the efforts of Peru's leaders at all levels to make nutrition a priority, monitor it with investments in data and analysis, and link performance to budgetary allocations. We note how India's economic leaders are reframing investments in nutrition as investments in the sustainability of the country's economic growth. Brazil is another example where sustained political commitment has been followed up by determined action, as we detail in the following section.

Quantitatively, it is almost impossible to definitively demonstrate that enhanced commitment leads to faster malnutrition reduction. It is difficult to measure commitment and then to untangle which comes first—commitment or progress. But it is common sense to expect that commitment and progress go hand in hand, feeding off each other. Panel 1.2 provides three quantitative examples that suggest that commitment and action work together.

Ending malnutrition by 2030 is more than a technical challenge—it is also a political one. Many of the technical policy and program solutions for reducing malnutrition in all its forms are known. But they are not being implemented, either because the political costs of implementing them are too high or the political costs of not implementing them are too low—or both. What is needed now is a 15-year step change in political commitment over the SDG era—a commitment to implement actions that reduce malnutrition faster, secure resources for them, assess their impacts, and respond to the assessments.

HOW TO SUPERCHARGE POLITICAL COMMITMENT FOR NUTRITION ACTION

Political commitment matters. Whether it is commitment to elevate a topic higher on the agenda, a commitment to achieve a target, or a commitment to act, it makes a critical difference. Yet, except in a few cases such as Brazil (see later in this section), the nutrition community has not been very effective at making nutrition a political issue. What can we learn from other sectors, from civil society, and from country experience about generating and following through on commitments?

PANEL 1.2 DOES THE COMMITMENT TO IMPROVE NUTRITION MATTER?

LAWRENCE HADDAD

The following three empirical examples offer evidence that commitment and performance go hand in hand.

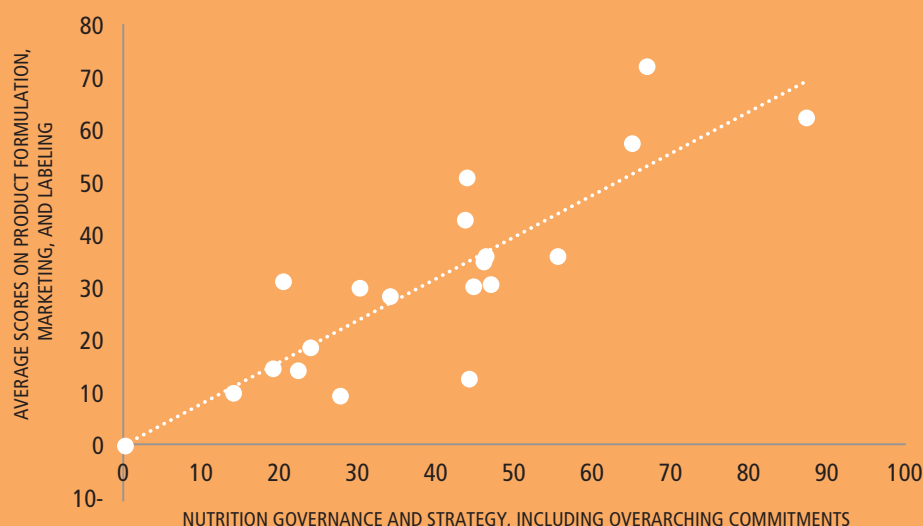
As we discuss in Chapter 3, one way countries can express their commitment is to set a clear target for reducing malnutrition. For a sample of 41 low- and middle-income countries, we found that the rate of stunting reduction in the 2000s has a significant and large correlation with the existence of a specific and time-bound nutritional status target (usually stunting).¹ Targets and progress seem to go hand in hand. This is consistent with another study linking strong nutrition governance to lower stunting levels (Sunguya et al. 2014).

Some argue that commitments are easy for businesses to make but that such easily made commitments do not contribute to good nutrition—that the “proof of the pudding” is whether companies actually do what is needed. Using data from 28 large food and beverage companies reported in the 2016 Access to Nutrition Index, the Access to Nutrition Foundation (ATNF) found a positive association between companies that make stronger commitments to nutrition and those that have a stronger relative ability to deliver products, marketing, and labeling that support nutrition (see figure below).

Do Nutrition for Growth donors that

stress the importance of nutrition in their documents back it up with spending? Development Initiatives selected the most recent donor reports and documents containing their stated development priorities. Each document was assessed to ascertain how prominently and how explicitly nutrition is featured as a priority for that agency. In general, donors that set nutrition as a priority in their policy documents tended to spend the greatest share of their resources on nutrition. We could not find any examples of donors that prioritize nutrition in documents but then fail to spend significantly on nutrition (analysis available on request).

COMPANIES' COMMITMENTS TO NUTRITION ARE ASSOCIATED WITH BETTER PERFORMANCE IN PROMOTING NUTRITION



Source: Rachel Crossley, ATNF.

For insights, we turn to the example of HIV/AIDS. In 2015 the seemingly impossible target of getting 15 million people on AIDS treatment was met—early. Although AIDS is far from being eradicated, progress has been substantial and unprecedented for a global health challenge. Panel 1.3

argues that progress in the fight against HIV/AIDS began with the politicization of the disease and suggests three actions needed for nutrition to become more political.

But getting political support for an idea or a set of actions requires basic mobilization skills: develop simple, clear

PANEL 1.3 GETTING POLITICAL ABOUT NUTRITION

KENT BUSE

Undernutrition and nutrition-related noncommunicable diseases (NCDs) are global scandals, each with its unique politics. A more political approach to nutrition, which includes, empowers, and respects civil society, may help tip the balance of power to eliminate malnutrition in all its forms. As the international community elevates and confronts the nutrition scourge, it is worth considering three interrelated lessons from the AIDS response.

First, people who care about nutrition must think and act more politically to generate the political incentives for political leadership. While Marion Nestle, Tim Lang, Nicolas Freudenberg, and other academic activists, as well as institutions such as IFPRI, are advancing a political understanding of nutrition, this is not fully reflected in social movements on the issue. For example, the “slow food” movement has the right analysis but is more successful at transforming the food culture of the chattering classes in the United States and Europe than at confronting outright the global commercial food industrial complex (Slow Food 2015). Richard Horton of *The*

Lancet is right to characterize the NCD movement as too pedestrian and polite (Horton 2015). It is time to actively support greater civil society engagement—to create space for civil society to replace complacency with urgency, to create bottom-up demand for change, and to make links to other social causes for greater political traction.

Second, whatever the appetite for public-private partnerships and voluntary approaches, the hands of local, regional, national, and intergovernmental mechanisms need to be strengthened to tame markets when they act against nutritional interests. Political incentives for action at the highest political levels are fundamental to progress on a problem that is societywide in scope and entails dramatic challenges to commercial interests and prevailing social systems. It seems fanciful to contemplate substantial progress without powerful state intervention in the form of evidence-informed public policy and action.

Finally, given the complexity and scope of the nutrition challenge, there is a need for an apex body that serves as a platform

for policy dialogue. This body must broaden the reach of the present conversation, provide a degree of coordination where possible, and most importantly ensure accountability. The Joint United Nations Programme on HIV and AIDS (UNAIDS) brings together governments, 11 UN agencies, civil society, and the private sector when relevant to coordinate a multisector response. According to the United Nations Economic and Social Council, UNAIDS provides a model for addressing other complex development challenges in the context of the Sustainable Development Goals (SDGs). Beyond coordination, the real prize is obviously a web of accountability—one that links to the apex body and has a credible independent review mechanism—which is premised upon a powerful legitimate civil society. The international community should undertake an urgent analysis of the global architecture for nutrition to assess how it must adapt to deliver on SDG 2. A prominent role for civil society will be critical. The *Global Nutrition Report* could play an important lead role in this analysis.

messages that elicit an emotional as well as an intellectual response; provide a way for people to act; do not wait for others to act; set an example yourself either individually or, better yet, with others in a coordinated way. In the United Kingdom and increasingly around the world, celebrity chefs such as Jamie Oliver are campaigning to improve the quality of the food we can afford, have access to, and are influenced to purchase. Panel 1.4 describes four lessons from the past 15 years of campaigning by Jamie Oliver and the Jamie Oliver Food Foundation.

Learning from a sector or from civil society is important, but the national level is where all the lessons need to come together. Brazil is one of the best examples of a country that has built a strong political commitment to nutrition. It has taken on some of the strategies used to build commit-

ment to the fight against HIV/AIDS—including a focus on human rights—and relied significantly on the bottom-up participation of civil society.

Figure 1.2 sets out the changes in the nutrition profile of the Brazilian population. It shows that the commitment has paid off: exclusive breastfeeding (< 6 months) underwent a remarkable improvement from 2 percent in 1986 to 39 percent in 2006; stunting rates declined from 19 percent in 1989 to 7 percent in 2007; wasting rates are very low at 2 percent. In 2014 the country attained Millennium Development Goal 1 goals for poverty and hunger. Some changes, however, have been negative: adult overweight and obesity are high (currently 54 percent and 20 percent, respectively) and rising. Anemia stands at 20 percent, and food and nutrition insecurity remains a problem in specific communities.

PANEL 1.4 MAKING GOOD NUTRITION A MAINSTREAM ISSUE: LESSONS FROM THE JAMIE OLIVER FOOD FOUNDATION

JO CREED

The year 2016 has the potential to be hugely important in the fight against the double burden of obesity and undernutrition affecting our children. Now is the time to combine these two issues previously considered separate. We need to create a powerful message: millions of people have too much of the wrong food, while millions more have too little of the right food.

Through Jamie Oliver's many campaigns, several key lessons have emerged on how to make a big problem a mainstream issue:

1. The message needs to be broken down into a clear, simple, undeniable statement. Ultimately, it is every child's human right to have access to good, fresh, healthy food, and this is something we can all understand and relate to. Putting the message across through emotionally inspiring content is vital. The foundation's documentary "Jamie's Sugar Rush," for example, which investigated sugar's contribution to global health problems, was thought to be instrumental in engaging the public and raising awareness about the relationship between sugar consumption and diet-related disease, and particularly how this relationship affects childhood obesity.¹
2. Equally important is the need to create a movement that engages with people all over the world and provides a way for them to act. For example, the petition launched for the foundation's

annual day of action, Food Revolution Day, which called for food education for every child, received more than 1.6 million signatures from people across the world. It broke down a big problem into one easy-to-understand action, bringing individual voices together in one united, global movement.

3. Setting an example, rather than waiting for governments to lead the way, is crucial to driving positive change. Following Jamie Oliver's UK campaign against sugar, more restaurants and restaurant chains have been imposing their own sugary drinks taxes. Furthermore, through social media and on-the-ground engagement, the foundation urged people to share their real stories, join campaigns, and become activists for the cause. We have seen parents start their own school food revolutions off the back of the foundation's work in schools in both the United Kingdom and the United States, as well as people setting up cooking clubs to teach kids about food as a result of Food Revolution Day. By engaging people and empowering them to act, the foundation has built an army of food revolution community members—more than 2,000 voluntary ambassadors in 114 countries from Brazil to India to Nigeria—and partner organizations.

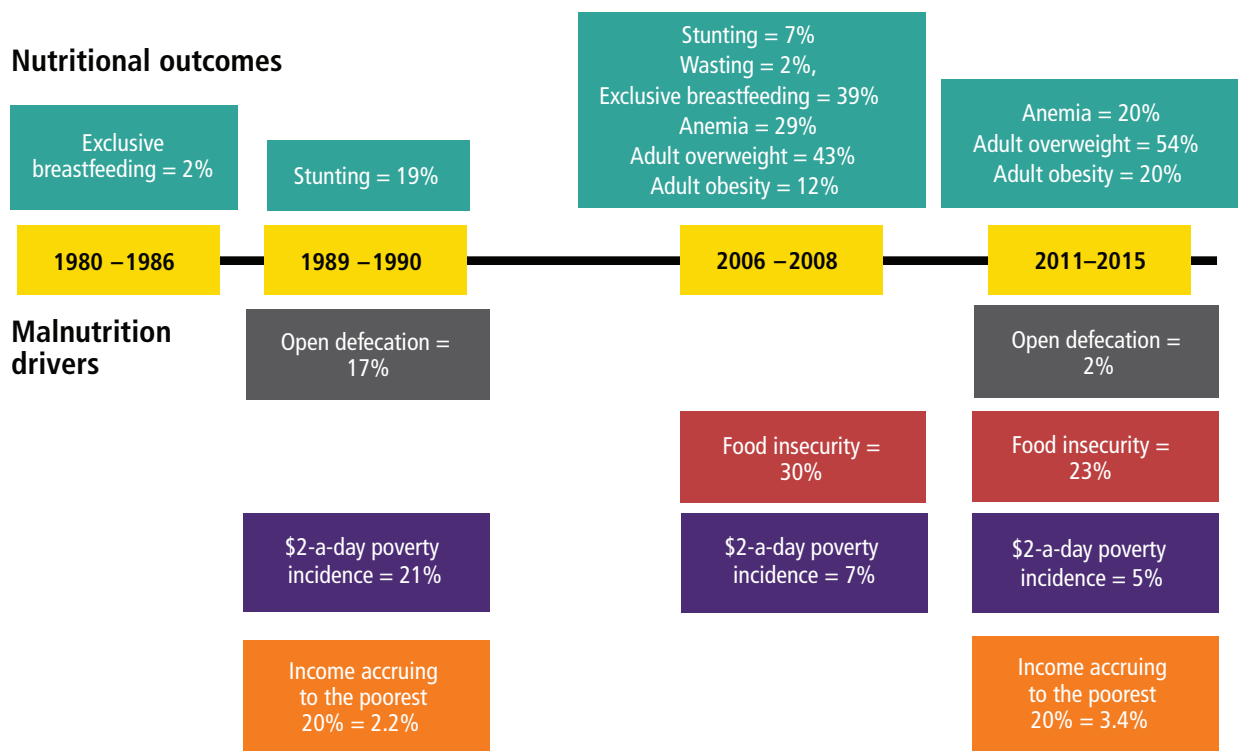
4. Finally, real action can work only when we all—individuals, parents, schools, businesses, organizations, and communities—come together to act and speak out. All of these measures have been designed to ultimately change the political calculations of key decision makers by raising public awareness and making specific issues so mainstream that they can no longer be ignored. We know that with clear and emotionally inspiring messaging and enough of us working together, we can create a movement for action that gets governments to listen. The foundation's work on childhood obesity over the past year has led to a combined force of campaigning groups and organizations all clamoring for the government to implement a robust and groundbreaking child obesity strategy of its own. Together we need to make it easy for governments to do the right thing by providing solutions that they can use, adopt, and adapt.

The world needs political will, leadership, and action. As the *Global Nutrition Report* shows, some countries are already making great changes. This needs to continue, and we need others to step up and take stronger action. Now is the time to work together to demand a better, healthier, and happier life for future generations. Let's make our voices really count.

A number of drivers—both positive and negative—have underlain changes in the nutritional profile of the Brazilian population. They include poverty reduction (Figure 1.2), globalization, and public policy. Since the 1980s, Brazil has instituted a series of strategies implemented through public policy. Table 1.2 provides examples of policies on food and nutrition security. Several of the public policies implemented to achieve these goals have focused on strengthening public

procurement, described in Panel 6.2 in Chapter 6. Notable overarching approaches are the Zero Hunger strategy initiated in 2003 and passage in 2010 of a law enshrining the right to food in Brazil's constitution (Brazil is one of three countries in the world to pass such a law). The right-to-food law mandates freedom from hunger and malnutrition and access to adequate and healthy food.

FIGURE 1.2 Changes in Brazil's nutrition status and drivers, 1980–2015



Source: Authors, based on the following data: stunting and wasting (under 5): UNICEF, WHO, and World Bank (2015); exclusive breastfeeding (< 6 months): UNICEF (2016b); adult overweight and obesity: Malta et al. (2014) (first data point); WHO (2015a) (second data point); anemia (women of reproductive age): CONSEA (2010) (first data point); Stevens et al. (2013) (second data point); food insecurity: Burlandy, Rocha, and Maluf (2014); \$2-a-day poverty: World Bank (2016); income accruing to the poorest/richest 20%: IPEA (2014); open defecation: JMP (2015b).

TABLE 1.2 Key strategies and public policies on food and nutrition security in Brazil

Year	Strategy/policy
1981	National Breastfeeding Programme
1988	National Code of Marketing of Breastmilk Substitutes; maternity leave increased to 4 months
1993	National Strategy to Combat Hunger and Poverty
1999	National Policy on Food and Nutrition
2003	Launching of Zero Hunger strategy
2003	Food acquisition program (PAA)
2004	Cash transfer program (Bolsa Família)
2006	National Law on Food and Nutrition Security (LOSAN), establishing the National System for Food and Nutrition Security (SISAN)
2009	Law revising the school meal program (PNAE)
2010	Human right to adequate and healthy food incorporated into the Brazilian constitution
2010	National Food and Nutritional Security Policy (PNSAN)
2014	Publication of Brazilian Food Guide; Intersectoral Strategy for the Prevention and Control of Obesity
2015	Decree to enable implementation of National Code of Marketing of Breastmilk Substitutes

Source: Authors.

PANEL 1.5 HOW BRAZIL'S POLITICAL COMMITMENT TO NUTRITION TOOK SHAPE

CECILIA ROCHA, PATRICIA CONSTANTE JAIME, AND MARINA FERREIRA REA

Brazil's political commitment to promoting nutrition in various forms, which has unfolded over several decades, rests on the engagement of civil society, intersectoral governance structures, and data and evidence. This applies to commitment to different aspects of malnutrition over time: food and nutrition security, obesity, and breastfeeding. The story is overall positive, but Brazil has work to do to address remaining and emerging challenges: exclusive breastfeeding rates remain inadequate, anemia is high, and rates of obesity high and rising. Continued political commitment in Brazil will be essential to addressing these challenges.

Food and Nutrition Security

Much of the impetus for this political support came from the ground up, through **nongovernmental organizations and social movements**. Since the 1950s these civil society groups had actively campaigned for food security. As they mobilized, their work led to the first National Food and Nutrition Conference in 1986. At that conference, the goal of food security was officially modified to become “food and nutrition security,” placing nutrition far higher on the political agenda. In 1996, Brazil's official delegation to the World Food Summit in Rome had members from both government and civil society (CONSEA 2009). One of the outcomes was the 1998 establishment of the Brazilian Forum on Food and Nutrition Security (FBSAN), a national association of social organizations,

researchers, government staff, and other professionals. This forum was key in opening up space for policy dialogue, mobilization, and innovation between civil society organizations. These entities were united in believing in the importance of policy and the institutionalization of programs for the sustainable achievement of the right to food.

Political commitment grew with the election of a **government that prioritized food and nutrition security**. In 2002 President Lula da Silva came to power having promised to end hunger. He set up a ministry—the Ministry of Social Development and Fight Against Hunger—to implement that promise, and in the process many prominent members of civil society organizations were appointed to public office. The Zero Hunger program was set up not just as a social program, but as a model of economic development: the idea was to increase the demand for food to address household food insecurity—such as by increasing purchasing power through the Bolsa Família cash transfer program and enlarging the school meal program—while addressing the poverty of Brazil's family farmers, who were the main source of food (FAO 2002). The policies linking family farming and food security are highlighted in Chapter 6 (Panel 6.2).

The next critical step was the development of a **governance space for engagement between government and civil society**. In 2002 the National Council for Food and Nutrition Security (CONSEA)

was re-established to bring together members of civil society—many from FBSAN—and government. CONSEA was the source of many of the laws and policies in Table 1.2, and it, along with FBSAN, was behind the campaign for the right-to-food law (LOSAN), passed in 2006.

Intersectoral governance spaces within government followed. After the passage of LOSAN, the government established the National System for Food and Nutrition Security (SISAN), which brought together two coordination bodies: CONSEA and the Inter-ministerial Chamber on Food and Nutritional Security (CAISAN). Together they incorporate 10 ministries and special secretariats, including education, agrarian development, science and technology, and human rights (Chmielewska and Souza 2011). It was SISAN that enabled the effective coordination, implementation, and monitoring of the public policies (Table 1.2).

Throughout this process, **the investment in and use of data and evidence** have played a key role. In the 1990s, Brazil's Institute of Applied Economic Research (IPEA) drew up a nationwide hunger map showing that there were 32 million destitute people, accounting for more than 20 percent of Brazil's population (IPEA 1993, cited in Chmielewska and Souza 2011). It is now proving crucial as the government moves to address the remaining food and nutrition insecurity in the country through the development of a Traditional and Specific Population Map.

Continued

This commitment to public policy is underlined by the government's financial commitments. For example, federal expenditures on social programs corresponded to 17 percent of the country's GDP by 2012, an increase of 128 percent from 2000 (CAISAN 2013).

What factors led to this political commitment to the development and implementation of public policies? Several elements appear to have been crucial: the engagement of civil society (termed “social participation” in Brazil); creation of intersectoral governance structures within

PANEL 1.5 HOW BRAZIL'S POLITICAL COMMITMENT TO NUTRITION TOOK SHAPE

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Obesity

The same factors helped boost Brazil's much more recent political commitment to preventing obesity. The first factor was **evidence**. Throughout the 1990s and 2000s, the country focused on reducing hunger and stunting, even though obesity rates were high and getting higher. But comparable and repeated national surveys illustrated the magnitude of the obesity problem and the speed of its onset. Although some key government actors initially resisted the move to address obesity, government institutions and other stakeholders used their funding, influence, and coalition allies to pursue new policy objectives related to preventing obesity and promoting healthful diets.

Second, the **intersectoral** nature of the fight against undernutrition prepared Brazil for an intersectoral fight against obesity. In 2014 CAISAN developed the Inter-sectoral Strategy for the Prevention and Control of Obesity to integrate existing sectoral actions and new initiatives, increase the consumption of healthy fresh and regional foods, and decrease the consumption of ultra-processed foods. That strategy calls on the Brazilian states and municipalities to implement many of the actions.

Third, there has been **active dialogue between the government and civil society**, such as through CONSEA and the National Health Council (Conselho

Nacional de Saúde, or CNS), in formulating public policies. One result is the 2014 publication of the new *Brazilian Food Guide*, which emphasizes freshly prepared food. Nevertheless, key challenges for obesity control remain. Introducing regulatory reforms has proved challenging. Despite efforts to restrict the marketing of high-fat, -sugar, -salt foods to children since 2004, the government has failed to do so. This experience points to the need to build a broad political consensus among the government's executive, legislative, and judicial branches and to build new social norms.

Breastfeeding

Brazil's only example of nutrition-related industry regulation is the law on the marketing of breastmilk substitutes—a hard-fought achievement in the country's commitment to exclusive breastfeeding in the first 6 months and its continuation with healthy complementary foods till the second year or beyond. In the early 1980s, exclusive breastfeeding rates were extremely low in Brazil—just 2 percent—but the country was already showing a commitment to improvement. One aspect was greater coverage of antenatal care, and another was the translation of the International Code of Marketing of Breast-Milk Substitutes into law. Brazil played an important role in preparing and finalizing the code in 1981 and that same year

launched its own program to promote breastfeeding. In 1988, Brazil adopted its own code on the marketing of breastmilk substitutes, which was initially implemented as a health standard. In 2006 the code was turned into Law 11265/2006. Like all legislation in Brazil, however, this law could not be enforced until it had undergone a process called “law regulation.” The process lasted nine years and 10 months, and on November 3, 2015, the decree was finally signed (Brazil, Presidência da República 2015). Throughout this process, the infant-feeding industry strongly opposed the legislation and made numerous attempts to weaken it. Countering this strong opposition were active efforts by **civil society**. The International Baby Food Action Network–Brazil (IBFAN) was the lead actor, lobbying for the legislation, contacting the Brazilian president directly, and monitoring violations. CNS also played a key advocacy role in the 1990s, and more recently, through CONSEA, after a member of IBFAN–Brazil joined in 2014.

Despite these successes, very significant challenges remain. Exclusive breastfeeding rates in Brazil remain low compared with other countries (Chapter 2); the quality of antenatal care is poor; and violations of the 2006 law continue—a study in 18 cities found 227 violations, including illegal advertising and inappropriate labeling, by 52 companies (IDEC 2016).

government and between government and civil society; and epidemiological evidence of the problem. These same features are found in explaining the political commitment to different aspects of malnutrition: food and nutrition security, obesity, and breastfeeding. Panel 1.5 provides more details on the factors underlying this commitment.

Brazil's experience should serve as an inspiration to other countries—some forms of malnutrition can be addressed within less than a generation, although others are likely to emerge if we are not vigilant. Effective monitoring of the nutrition situation enables a continuous evolving process of updating and improving public policies to address problems as they emerge.

HOW THIS REPORT WILL HELP YOU MAKE YOUR NUTRITION COMMITMENTS COUNT

The report is intended to be practical and helpful to nutrition champions and those they seek to influence. It aims to bring about commitments that count.

Chapter 2 tracks how well countries are doing at achieving the commitments they made at the World Health Assembly to attaining specified targets. It provides details on changes in nutrition status. In which regions and countries is nutrition status improving and for whom? This chapter will help national nutrition champions focus on the forms of malnutrition on which their country is making the least progress, and it will help international champions allocate their resources where they are most needed.

Chapter 3 explores how much progress governments and businesses have made in setting targets for maternal, infant and young child nutrition and nutrition-related NCDs at the national, subnational and company levels. It shows where action is needed to improve the quantity and quality of targets.

Chapter 4 reports on progress on meeting the original N4G commitments and analyzes their SMART-ness and alignment. This chapter provides an assessment of which N4G commitments are on or off course and what is needed now to take the N4G process forward in the post-ICN2/SDG era.

Chapter 5 focuses on helping policymakers accelerate the implementation of actions to support their commitments. What is the state of implementation, where is it lagging, and what needs to happen to accelerate it? It also focuses on policy implementation in key areas where governments have made international commitments: breastfeeding and healthful diet policies. The chapter ends with an assessment of the coverage data on direct nutrition interventions with a discussion of how to increase coverage rates.

Chapter 6 is concerned with the underlying drivers of nutrition status. Vast amounts of resources are allocated to these drivers: what commitments do policymakers and other stakeholders need to make for these resources to be more potent in accelerating nutrition improvements? Previous Global Nutrition Reports have focused on agriculture and social protection; this year we bring together drivers of undernutrition with obesity/NR-NCDs to focus on water, sanitation, and hygiene (WASH) and education and take another look at food systems. We also review opportunities for making new commitments to nutrition in the humanitarian space.

Chapter 7 guides decision makers on where and how much to invest in order to put commitments to action into practice. It updates decision makers on how much governments and donors are currently spending on nutrition, compares that level of spending to other items in government budgets, and summarizes recent analysis of the likely costs of meeting global targets on nutrition and sources of revenue that can be drawn upon. For the first time, we look at spending on nutrition-related NCDs as well as forms of undernutrition.

Chapter 8 identifies the tools and data policymakers need to measure the effect of their actions and shape commitments to accelerate nutrition improvement. It zeroes in on the subnational level, highlighting inequalities in outcomes, including areas facing humanitarian crises and increasing numbers of displaced people.

Chapter 9 ends with specific calls to action to each stakeholder group to help end malnutrition by 2030.

USE THIS REPORT AS AN INTERVENTION

More than 100 people have contributed to the writing of this report. We reject the notion that malnutrition in the 21st century is “normal.”

To those of you who have power and influence in your household, clinic, community, municipality, university, business, city, agency, parliament, or government, we say that a world without malnutrition can become the “new normal.” Use this report to help make commitments that count for ending malnutrition. Such commitments will shake the current world out of its complacency on malnutrition and help create a new reality for the one-third of humanity—in all countries—that is being denied the chance to reach its full potential.

To those of you who feel outside these circles of power and influence, use this report to educate and organize your communities, and help them engage in and drive the political process to end malnutrition. Use the report to help those in positions of power and influence make commitments that count. Equally, use the report to make it harder for all nutrition stakeholders to back out of their responsibilities and commitments to nutrition.

The SDGs invite all of us to imagine the end of malnutrition. Such a vision reveals the scope of our challenge—but it also reveals the scope of the reward: a world where our children have to learn about malnutrition, rather than experience it. For that to happen, every reader of this report needs to become more engaged in the political process to end malnutrition by 2030. No social movement has ever succeeded without such engagement.