Nutrition within the Post-2015 Development Framework
May 2015

**Millennium Declaration:** "Freedom. Men and women have the right to live their lives and raise their children in dignity, free from hunger."

**Background**

The Millennium Development Goals (MDGs) have galvanized unprecedented global action towards a common vision. The world has halved the proportion of people who live in extreme poverty and has made substantial progress on other goals and targets. Despite slow but steady progress, the world remains off track to achieve the MDG hunger target. Hunger and undernutrition remain part of the unfinished agenda. One in eight or 842 million people suffer from hunger. Child undernutrition remains a leading cause of death and disability among children under age five, while overweight and obesity are rising rapidly around the world. A number of immediate and underlying causes contribute to malnutrition, further underpinned by basic causes around the structure and processes of societies. As outlined in the UNICEF causal framework on malnutrition, malnutrition occurs when dietary intake is inadequate and health is unsatisfactory. These factors are further exacerbated by a series of underlying causes including inadequate access to food, inadequate caring practices, and insufficient health services and unhealthy environment. Today the world faces a triple burden of malnutrition: undernutrition, overweight/obesity and diet-related non-communicable diseases (NCDs). Poor quality diets underpin a substantial proportion of this triple burden. Good nutrition and associated health outcomes are not just a result of development, but also a driver of development and equitable economic growth. Reducing malnutrition in all its forms will build strong and resilient individuals, families, communities, and nations. The establishment of a post-2015 development framework is a key moment to act on the world’s growing political momentum and better understanding of the importance of nutrition.

In September 2013, UN Member States gathered at the Special Event on the MDGs to review progress made toward meeting the MDGs and to chart the way forward. The discussion was informed by the reports of the Secretary General, the High Level Panel of Eminent Persons, and the results of UN system and various other consultations, as well as by the voices of people worldwide. In the Outcome Document, world leaders stated their post-2015 commitment to “freeing humanity from poverty and hunger as a matter of urgency.” UN Member States endorsed a roadmap for an inclusive process of formulating a post-2015 development framework that advances sustainable development and reducing poverty with a set of goals that would be universal and apply to all countries while also taking into account individual country contexts and priorities.

In 2014, the UN Open Working Group (OWG) on Sustainable Development Goals (SDGs) is holding a series of consultations (with food security and nutrition as a focus area). The OWG will produce a report with recommendations in advance of the UN General Assembly (UNGA) in September, as will the Intergovernmental Committee of Experts on Sustainable Development Financing (ICESDF). In addition, in preparation for the 2014 UNGA, the President of the General Assembly is leading a Post 2015 Development Agenda “Setting the Stage” process. In late 2014, following the UNGA, the UN Secretary General is due to issue a synthesis report before the beginning of an intergovernmental
process of negotiating goals. This process will lead to a Summit in September 2015, where Heads of

State and Government of the UN Member States will adopt the agreed post-2015 development agenda.

The High Level Panel of Eminent Persons and others have proposed illustrative goals and targets, although most reports that feed into the official process have been careful to avoid being too prescriptive and thereby pre-empt the consultation processes. As the debate and negotiations on Post-2015 move to the intergovernmental level and become more detailed, it is vitally important for the global development community to come together and present a common set of recommendations on goals, targets and indicators. It will be important to speak a common language, offer specific recommendations, and seek agreement with advocates and decision makers in different sectors. Recommendations should build on the existing commitments on maternal and child nutrition agreed at the World Health Assembly (WHA) in 2012 and those that are part of the WHA Global Monitoring Framework for NCDs.
Rationale for integrating nutrition in the post-2015 development framework

The consequences of malnutrition during the critical 1,000 days between a woman’s pregnancy and her child’s second birthday are largely irreversible and reach far into the future. Undernutrition during pregnancy affects the growth and development of the child and can pose serious risks to both the mother and the unborn child. Children who are malnourished in the womb have a higher risk of dying in infancy, while the survivors are likely to suffer lifelong cognitive and/or physical
damage. For children under the age of two, undernutrition is frequently life-threatening—and in fact, nearly half of preventable deaths among all children younger than five are due to undernutrition. Undernutrition can weaken a child’s immune system, increasing the risk of dying from common illnesses such as pneumonia, diarrhoea and malaria.

Globally, 162 million children under 5 years of age are stunted. In addition, 52 million children suffer from wasting or acute malnutrition. According to WHO, 42 percent of pregnant women suffer from anemia, which is a risk factor for maternal death as well as a cause of greatly diminished productivity. Global rates of low birth weight, sub-optimal breastfeeding, and maternal anemia have remained relatively stagnant.

Wasting indicates significant weight loss over a short period—usually a matter of days or weeks. Globally, wasting affects one in 12 children under five. Acute malnutrition carries an extremely high risk of death. The serious and often life-threatening condition of acute malnutrition is the result of shocks that worsen a child’s nutritional status. It is caused by a lack of food and/or a recent bout of illness/infection. A child suffering from the most severe form of acute malnutrition faces a risk of mortality nine times higher than that of his or her healthy counterpart; severe acute malnutrition causes an estimated one million deaths of children under five every year. Children who survive have an increased risk of stunted growth. Solving the problem of acute malnutrition requires both preventing it in the first place and promptly recognizing and treating it when it occurs.

Stunting, or inadequate growth in height, is a cumulative process that occurs over time and can begin in utero. Globally, one in four children under age five is stunted. A stunted child will not be able to realise his or her full potential. Stunting damages children’s cognitive development, ability to learn and earn an income in adulthood, and overall health.

Stunting is the result of many factors—some direct, such as poor nutrition, but many indirect, such as poor health; lower maternal education level (which contributes to low income, poor nutrition, and poor health); lack of access to clean water and adequate hygiene and sanitation (which contributes to poor health and disease); short intervals between births; and poverty as a whole. Chronic or frequent infections early in life combined with a diet inadequate in micronutrients further contribute to stunted growth. In many respects, stunting and wasting are human yardsticks by which we can measure the progress of nations on human and social development. While stunting is most concentrated in the poorest groups in society, it is vital to prevent it among children of all income levels.

Women are integral to making progress and have pivotal roles to play across all three key areas needed to ensure good nutrition—food, care and health. Women also have their own unique set of responsibilities (and vulnerabilities) in terms of securing food and nutrition security, as producers of
food themselves, as income earners, as primary caregivers and as mothers. A women’s nutritional status is critical not only to her own health but also to her ability to maintain a secure livelihood as well as her ability to ensure that her children are properly nourished and healthy (both in the womb and from birth). The involvement of women’s groups, such as breastfeeding support groups, is essential to a successful focus on protecting, promoting and supporting optimal infant feeding and improvements in maternal and child nutrition. Investing in better nutrition and supporting women in providing optimal new-born, infant and young child feeding can help families, communities and countries break the cycle of poverty.

More specifically, effective practices to ensure good maternal/child nutrition, including optimal breastfeeding, complementary feeding practices, treatment of micronutrient deficiencies, and treatment of worm infections can:

- save more than one million lives each year;
- significantly reduce the human and economic burden of infectious diseases such as tuberculosis, malaria, HIV/AIDS measles and diarrhoea;
- reduce children’s risk of developing non-communicable diseases such as diabetes and other chronic health problems later in life;
- improve the educational achievement and earning potential of individuals; and
- increase a country’s GDP by at least 2-3 percent annually and by much more in some countries.

In addition, leading scientists, economists and health experts agree that improving nutrition during the critical 1,000 day window is one of the best, most cost-effective investments to achieve lasting progress in global health and development.

The growing crisis of overweight and obesity continues to pose challenges for industrialized countries and confronts middle- and low-income countries with new problems. Worldwide, obesity has nearly doubled since 1980. Two billion people are overweight or obese, and at least 2.8 million people die every year from these conditions. The number of overweight children under five has doubled since 1990, and the proportion of children who are overweight is expected to nearly double again by 2025.

Overweight and obesity are associated with increased mortality overall and with increased risks of disease or death from cardiovascular conditions, diabetes, and several types of cancer. Moreover, overweight and obesity are proving to be interconnected with other nutritional problems. For example, women who do not receive adequate nutrition or are overweight or obese during pregnancy have an increased risk of related pregnancy complications as well as giving birth to babies who are predisposed to becoming overweight or obese later in life. This may result in overnutrition, obesity and NCDs acting as a drain on national health budgets, even in the poorest of countries with a high burden of undernutrition.
The problem of overweight and obesity exemplifies a key principle: the post-2015 development goals need to be universal. Micronutrient deficiencies, stunting, undernutrition, overweight/obesity and diet-related NCDs are all symptoms of the same underlying problems: poverty, inequalities and a dysfunctional food system that prevents full human and social development—regardless of which country they are found in.

Recent global efforts have contributed to the growing recognition and consensus that improving maternal and child nutrition requires action on many fronts, through a lifecycle approach that scales up both proven nutrition-specific interventions and pro-nutrition actions in agriculture, health, water, hygiene and sanitation, social protection, education and women’s empowerment.

More than 70 percent of people who suffer from hunger and extreme poverty live in rural areas and rely on agriculture for their livelihoods, and children in rural areas are more likely to be stunted. This is why it is critical to scale up nutrition-sensitive investments aimed at supporting smallholder farmers. Many organisations and institutions acknowledge that the most effective way to improve nutrition and reduce malnutrition is the promotion of sustainable family farming in developing countries, since family farmers are the essential food producers and small holder, family farming is the agricultural model that most closely fits the needs of hungry and malnourished people. As such, family farming should be recognised in the post-2015 development framework.

The post-2015 development goals must also recognize and thoroughly integrate women as key food producers and caregivers. Women comprise over 40 percent of the agricultural labour force in the developing world, and almost 50 percent in the case of Africa. Women hold the key to overcoming hunger and malnutrition. However, thus far many of the interventions designed to help communities become more food and nutrition secure are failing to take into account women’s multiple roles and the specific constraints they face. If the world is to make greater progress on hunger and nutrition, the post-2015 framework must prioritize the creation of the enabling and supportive environment needed to overcome barriers based on gender.

Year-round access to adequate nutritious food is essential for nutrition, along with optimal caring practices and access to health services. Such access has not been monitored and tracked, but indicators of access to calories and income are insufficient to monitor whether nutritious food is available and affordable to all. Increasing production and consumption of more nutritious diets would have important co-benefits for resilience and sustainability. Diversification is a resilience strategy for smallholders since it lowers their dependence on a single crop for income while also increasing farm families’ access to a range of foods and essential nutrients. Whether diversification actually improves nutrition, however, depends on ensuring that nutritious crops and animal-source foods are consumed by the most vulnerable members of the household. This is particularly important for improving nutrition among young children, adolescent girls, and women of reproductive age (particularly pregnant women). The current trends in food demand (such as the rapidly rising demand for meat and ultra-processed foods), however, pose risks to ensuring sustainability and equity. This is because consumer demand is a significant driver of resource use and environmental outcomes.

Climate change will certainly affect global nutritional status. According to IFPRI, number of children who are malnourished will increase by 20 percent as a result of climate change—a total of 24 million
additional children. While much of the attention relating to adaptation to climate change has focused on maintaining a sufficient quantity of food, it is also necessary to ensure that food quality is preserved and improved. Increased CO2 may stimulate plant growth, but the nutritional value of such food crop yields is likely to be affected as extra CO2 is often converted into carbohydrates such as starch. This can lead to the relative levels of other components declining. Responding to climate change and achieving sustainability in the global food system need to be recognised as dual imperatives; it is vital that initiatives for better climate change adaptation and increased food and nutrition security are closely aligned. As the climate changes, ensuring long-term access to sufficient and nutritious food for all becomes an ever greater challenge for humanity. Efforts to strengthen mitigation must be accompanied by a massive ramping up of support to the most vulnerable to enable them to adapt to a changing climate. This is because even under the most optimistic scenarios, the consequences of climate change for undernutrition will be devastating.

Despite the importance of women and child nutrition to achieving many of the MDGs, however, nutrition is represented only implicitly and only in one of the eight existing MDGs. In MDG 1, ending extreme poverty and hunger, nutrition is a component of two proxy indicators that measure hunger—the proportion of the population below the minimum level of dietary energy consumption (lacking enough calories), based on aggregate statistics and devoid of any aspect of the nutritional quality of food; and the proportion of children under five who are underweight, a rate that is not only prone to seasonal fluctuations and thus not necessarily comparable over time or from country to country but is also insufficient as an indicator as it represents both inadequate linear growth and poor body proportions caused by undernutrition when an accurate picture of progress in each is needed.

Recognizing that the causes of malnutrition are complex and multidimensional, emanating from inadequacies in food, care and health, we recommend below that the post-2015 development framework adopt an ambitious standalone goal aiming for food and nutrition security for all households. Such a goal is in accordance with the UN High-Level Panel of Eminent Persons’ report on the Post-2015 Development Agenda, which proposed a goal dedicated to “ensuring household food and nutrition security.” The goal should include a suite of indicators that build and expand upon the World Health Assembly targets and are informed by the ambitious work of the Zero Hunger Challenge. In addition, we recommend nutrition-related targets are strategically positioned within other pertinent goals to ensure adequate attention is given to prevent malnutrition in all its forms as this is a necessary prerequisite to achieve successful human development for all countries in the decades ahead.

**Scenario for a goal and targets**
This section seeks to illustrate the options available for goals and targets in the post-2015 sustainable development framework that would improve nutrition outcomes. We propose threshold goals and targets. There are enough country examples to suggest that with political will, the right mix of policies and adequate resources, it is feasible to make dramatic improvements in maternal and child nutrition, end stunting and wasting, and increase rates of exclusive breastfeeding. Creating the post-2015 framework is an opportunity to raise the level of ambition.
In addition, we recommend nutrition-related targets and indicators under other potential goals. The recommended targets would apply to each country and to each significant subdivision within each country. In addition, each country and community should add its own context-specific targets to improve maternal and child nutrition.

All goals, objectives, and targets are based on the assumption of a future development framework to 2030.

**Standalone Food and Nutrition Security Goal:** Ensure household food and nutrition security for all

- a. Reduce stunting to less than 5%.
- b. End childhood deaths from wasting and reduce wasting further, going beyond the WHA 2025 target of less than 5%.
- c. Reduce childhood overweight/obesity by 20%.
- d. Reduce maternal underweight to less than 5%.
- e. 100% access to a nutritious, diverse and healthy diet.
- f. Increase year-round access to adequate, affordable and nutritious foods, which will require greater availability and affordability of diverse nutritious food groups (including legumes and nuts, fruits and vegetables, animal-source foods) so that food-based dietary recommendations can be met.
- g. Breastfeeding:
  - i. Increase the rate of exclusive breastfeeding in the first six months to at least 60%.
  - ii. Increase the rate of early initiation of breastfeeding (within the first hour of birth).
  - iii. Increase the rate of continuation of breastfeeding between the ages of six months and two years.
- h. Zero loss or waste of food.

**Nutrition targets under other post-2015 goals**

1. Child health/mortality
   - b. All children 6-23 months have access to an adequate nutritious diet as measured by children’s minimum adequate diet.
   - c. Reduce low birth weight to below 10%.
   - d. Reduce childhood overweight/obesity by 20%.
   - e. Breastfeeding:
     - ii. Increase the rate of exclusive breastfeeding in the first six months to at least 60%.
iii. Increase the rate of early initiation of breastfeeding (within the first hour after birth).

iv. Increase the rate of continuation of breastfeeding between the ages of six months and two years.

v. Ensure maternity care supportive of breastfeeding initiation.

f. Reduce anaemia to below 10% in children under five.

g. Universal coverage for treatment of severe acute malnutrition.

h. Universal access to adequate, affordable and quality health services.

2. Women’s health/mortality

b. Increase access to adequate nutritious diets, as measured by a dietary-diversity indicator, for all adolescent girls and women of reproductive age.

c. Reduce anaemia in women of reproductive age to below 10%.

d. Increase women’s access to adequate, affordable and quality health services across the continuum of care and throughout the lifecycle.

e. Ensure that women are supported in optimal breastfeeding through women’s nutrition, education, breastfeeding support, maternity leave, and empowerment.

3. Gender equality and women’s empowerment

b. Increase access to adequate nutritious diets, as measured by a dietary-diversity indicator, to all adolescent girls and women of reproductive age.

a. Increase the percentage of women who have equal access and control over income and other productive assets (i.e., land, agricultural inputs, and agricultural services).

b. Reduce the proportion or number of girls who give birth before age 18.

c. Access to health services especially relating to women’s health such as maternity, family planning and gynaecology.

4. Water, sanitation and hygiene

b. Provide universal access to safe drinking water, sanitation, and hygiene for households, schools, and health facilities.

c. Reduce the incidence of diarrhoea caused by waterborne diseases, poor sanitation, and poor hygiene practices.

d. Reduce to zero open defecation.

5. Education

b. Ensure equal access to education for girls.

c. Incorporate nutrition education into early childhood, primary and secondary school curricula.

d. Incorporate essential nutrition actions and accompanying behaviour change skills into pre-service and in-service curricula of health professionals and other relevant
community workers. The goal is to build skills in optimal nutritional care of infants, young children, adolescent girls and women. In addition, include relevant nutrition education elements in workforce training for other sectors (such as agriculture, community development, water and sanitation).

6. Governance
   b. Increase the regular and systematic collection of data related to the nutritional status\[6\] of preschool children, including under age five and under age two, pregnant and lactating women, and adolescent girls, disaggregated by age and race/ethnicity and at relevant sub-national levels useful for planners.
   c. Move towards the standardisation of nutrition data terminology and statistics so as to allow global improvements in understanding.

A Note on Data Needs
Better data is needed to monitor progress and drive commitment and accountability for achieving nutrition outcomes. Going forward, we will need systems and tools for gathering better and more frequent data, particularly on the different levels of nutritional status (both under- and over-nutrition), micronutrients, infant feeding practices, diet quality, and local availability and affordability of diverse nutritious foods. Data should be disaggregated by gender, age, ethnicity, geography and other key targets that are essential for reaching the most vulnerable and marginalised. Improving local and sub-national capacity to gather real-time data and monitor progress will be especially important. Additionally, in order to adequately address and track progress towards targets, a diverse set of indicators, relevant to nutrition and varying in complexity, must be included across the post-2015 framework. A variety of data collection mechanisms for nutrition currently exist or are being introduced—so it should be possible to calculate the new indicators and targets from either existing or new data. In the longer term, better data will improve the capacity of governments to make policy decisions and to take action on undernutrition more quickly and effectively.

This brief was produced by the Road to Rio Global Nutrition Advocacy Working Group in consultation with the Scaling Up Nutrition Civil Society Network and National Alliances and the NCD Alliance, as well as technical experts from the Bill & Melinda Gates Foundation, Food and Agriculture Organization, International Food Policy Research Institute, WHO, the World Bank, World Cancer Research Fund International, the Institute for Development Studies, and others.

The Road to Rio Nutrition Advocacy Group
Building off the success of collaborating around the 2013 Nutrition for Growth high-level event in London, the network of organizations formed the Road to Rio Global Nutrition Advocacy Group to serve as a platform for organizations to share information and collaborate on resource mobilization and advocacy leading up to the Rio 2016 high-level nutrition event organized by the Government of Brazil. The Road to Rio Group represents a diverse range of organizations, including NGOs and other implementing organizations, social movement
organizations, advocates, foundations, and campaigners, which work across the development sector but unite around one common goal: saving and improving lives through better nutrition. The Road to Rio Nutrition Advocacy Group coordinates closely with colleagues in many countries via their own offices and the Scaling Up Nutrition (SUN) Civil Society Network.

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