

Nutrition Policies and Double-Duty Actions for Malnutrition

Opportunities for Harmonization

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National nutrition policies represent a commitment to act.

Nutrition policies do not adequately respond to the challenges that countries are facing today; in particular, the double burden of nutrition.

- WHO (2013)



WHO's 2013 Global Nutrition Policy Review

119 countries responded

64% had an officially adopted nutrition policy document

46% included all four nutrition areas (undernutrition, obesity, IYCN, vitamins and minerals)

??% number of NCD Policies that include actions across all four nutrition areas

Source: World Health Organization 2013



\$3.9 Billion spent on nutrition globally.



Additional **\$7 Billion** needed to meet WHA undernutrition goals.



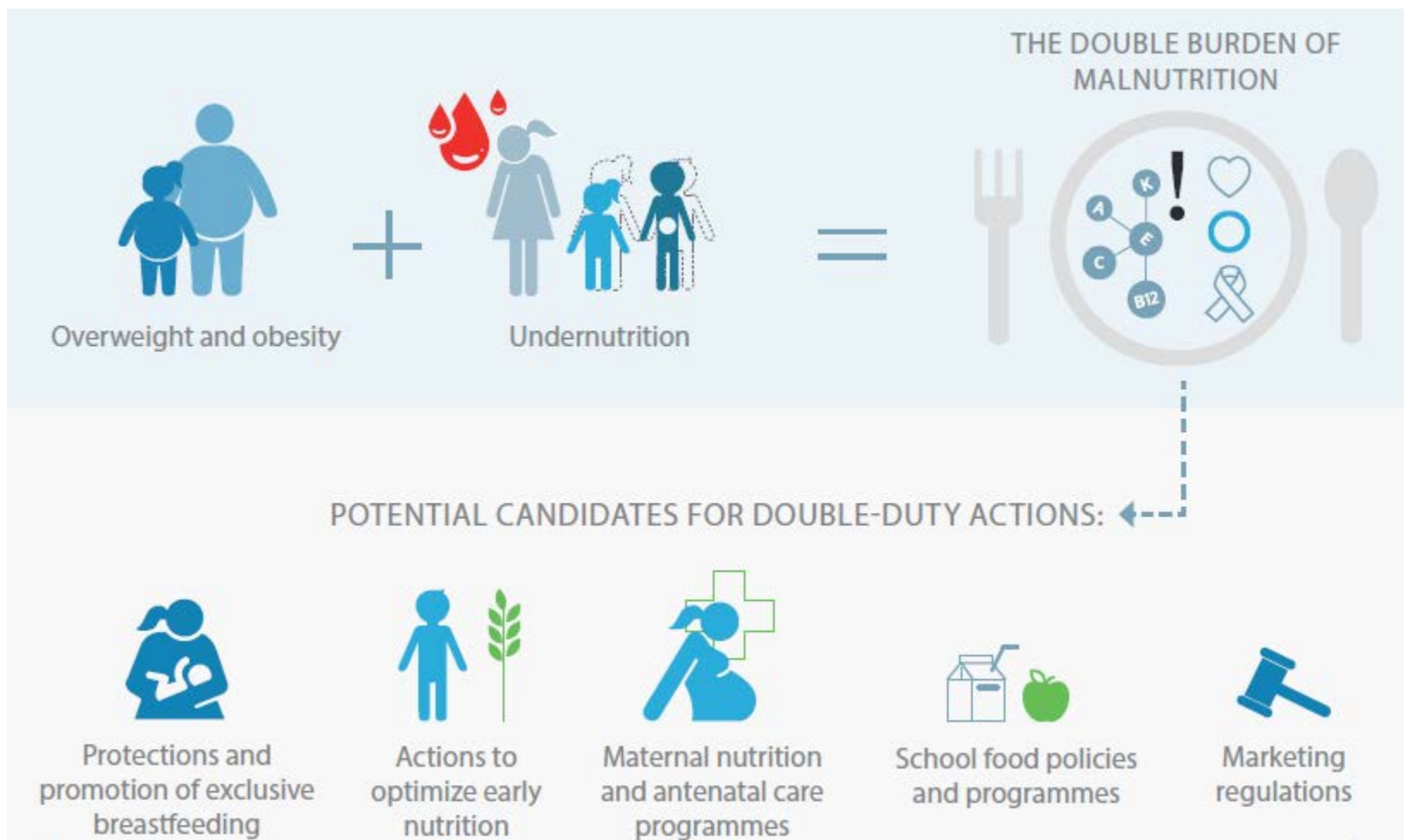
?\$ Billion to meet WHA obesity and LBW targets



? What Double-Duty Actions Do Nutrition Policies Already Include

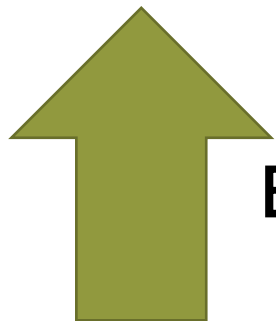


WHO's Double-Duty Actions

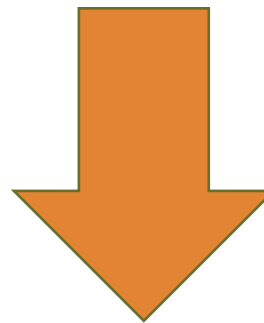


From SPRING's N-RNCD Research

- Premature CVD risk is reduced by reducing low birthweight via MMS, BPE. We found MMS could reduce modifiable CVD deaths by up to ~10%. CERs improve by \$3 to \$49/DALY with the inclusion of long-term effects on NCDs.
- For birth weights below 4,000g, increasing by as little as 100g could translate into DM risk reductions of 5 – 10%.



Birth weight*



**Premature CVD
Diabetes Mellitus**

*up to 4,000g



Existing Double-Duty Actions in Nutrition Policies

	% of Countries Reporting (2013)
Promotion of exclusive breastfeeding (EBF)	94
Promotion of appropriate early and complementary feeding	74
Maternal nutrition – IFA	56
Maternal antenatal care (ANC)	Not reported
Maternal nutrition – MMS	15
Maternal nutrition – BPE	19
School feeding programs	95
Marketing regulations (i.e. breastmilk substitutes)	53



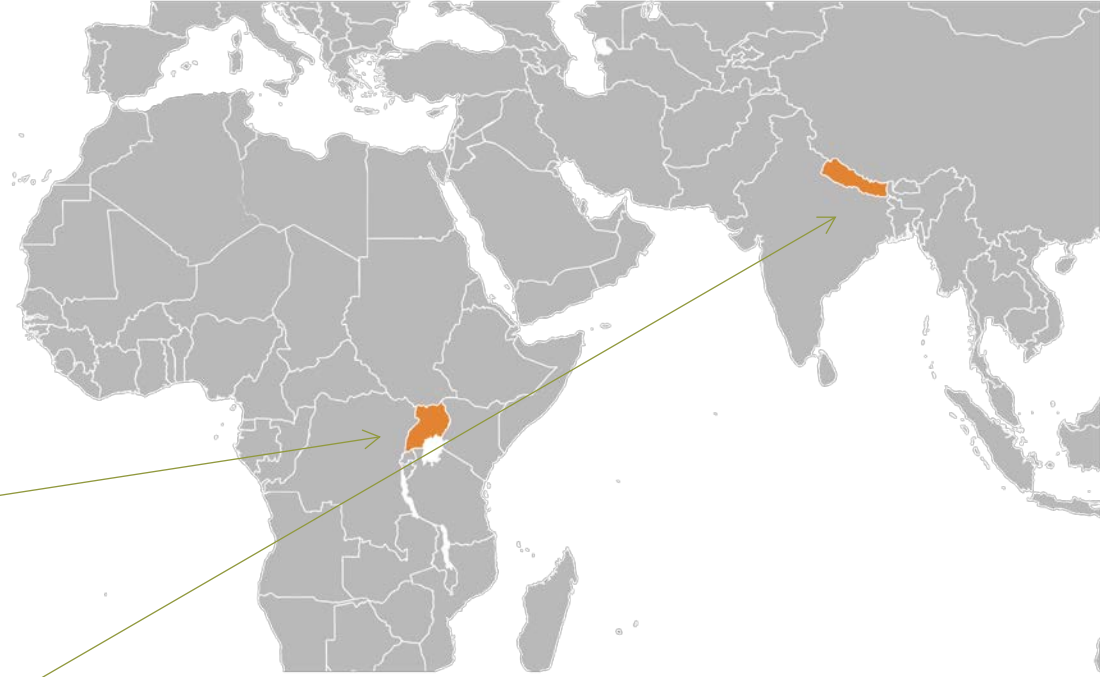
Existing Nutrition Policy Activities Relevant to NOURISHING Framework

		% of Countries Reporting (2013)		
Categories	Example Activities	All Countries (105)	AFR (17)	SEAR (7)
N	Nutritional labeling of foods	41	35	43
O	Measures to promote fruit and vegetable intake	32	18	43
U	"Sin tax" measures	12	0	0
R	Regulation of marketing of foods/SSB to children	20	6	29
I	Salt reduction/removal from processed foods	17	0	14
	Transfat reduction/removal from processed foods	7	6	0
S				
H				
I	Media promotion of healthy nutrition	41	24	86
	Food-based dietary guidelines	45	18	71
N	Nutrition counseling in primary care	46	29	86
G	Workplace Wellness interventions	13	6	14

Source: WHO Policy Review 2013



SPRING's PBN Study



Uganda

Uganda Nutrition Action Plan (2011-2016)

Nepal

Multi-Sector Nutrition Plan (2013-2017)



Policy



Drivers of change



Prioritization



Funding



Country Examples: Inclusion of Double Duty Actions

	Nepal	Uganda
	MSNP	UNAP
EBF	Yes	Yes
Complementary feeding	Yes	Yes
IFA	Yes	No
ANC	No	Yes
MMS	No	No
BPE	No	No
School feeding programs	Yes	Yes
Marketing regulations	No	No
NCD prevention	No	Yes*





What Percentage of Funding are Countries Currently Devoting to Double-Duty Actions



PBN Summary of Findings

Nepal (2014-15)

- Nutrition allocation **1%** of total GoN budget
- EDP nutrition allocation **7%** of total devt. assistance to Nepal
- **3%** of GoN health budget

Uganda (2014-15)

- Nutrition allocation **1%** of total GoU budget
- EDP nutrition allocation **5%** of total devt. assistance to Uganda
- **<1%** of GoU health budget


EDP: External Development Partners



Percentage of Funding Devoted to Double-Duty Actions

	Nepal	Uganda
	FY 2014-15 MOH Budget	FY 2014-15 MOH Budget
EBF	0.0%	
Complementary feeding	0.1%	0.1%
IFA	0.1%	
ANC	N/A	
MMS	N/A	N/A
BPE	N/A	N/A
School feeding programs	0.1% MOH, 0.6% MOE	Planned, unfunded
Marketing regulations	N/A	N/A
Direct NCD prevention	N/A	N/A





How Can Nutrition Policies Better Address All Forms of Malnutrition?



Recommendations

- **Identify leverage points for existing undernutrition programs**
- Create/leverage **coordination mechanisms** between undernutrition and NCD policymakers
- **National nutrition & NCD stakeholder mapping**

How can we evolve nutrition advocacy to cover the dual burden?



Recommendations

- **More, and more regular, surveillance** to identify dual burden populations
- **Integration & Health Workers**
 - Quality, Reach, Continuum of care

How do we integrate without overwhelming?



Thank
you

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Evidence-based.

Country-led.

Results-driven.

*Improving lives through
better nutrition.*



www.spring-nutrition.org/pbn