This presentation is part of the

**Agriculture and Nutrition Global Learning and Evidence Exchange**

*(AgN-GLEE)*

held in Guatemala City, Guatemala from March 5-7, 2013.

For additional presentations and related event materials, visit: [http://spring-nutrition.org/agnglee-lac](http://spring-nutrition.org/agnglee-lac)
Latin America and the Caribbean in the Global Nutrition Landscape

Kelly Saldana
Deputy Director, GH/HIDN
Economic growth rates in developing countries have varied significantly by region and over time.

Annual growth rates of real GDP per capita (percentage)

<table>
<thead>
<tr>
<th>Region</th>
<th>1990s</th>
<th>2000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia and the Pacific</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>South Asia</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Europe and Central Asia</td>
<td>-2%</td>
<td>4%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Economic growth is good...
...but not alone sufficient to improve nutrition for children

Relationship between child malnutrition and GDP

Anthropometry by wealth quintile, Malawi

Percent stunted children <5 yrs

Annual per capita GDP (across multiple years)

Note: The dots mark the proportion of stunted children (as determined by the height-for-age measure) for selected countries from different years over the past three decades and their annual GDP per capita in the respective years. The red curve is the fitted line using fractional polynomial estimation and data of 95 countries with annual GDP per capita below US$ 3,000 (266 observations). Figure A3 of the Appendix shows the graph for all country observations.
A cross-country analysis on growth and nutrition concluded 4 main points:

1. Per capita growth in income is associated with reducing undernutrition

2. Economic growth is a crucial component in reducing undernourishment, but as undernutrition declines, diversified economic growth is necessary to continue the decline

3. At the early stages of development, agricultural growth is critical for reducing undernutrition indicating that the structure of growth matters for nutrition outcomes

4. However, malnutrition among young children seems to be highly unresponsive to national economic growth, indicating an important difference from the relationship between growth and poverty
Progress on stunting in select USAID FTF focus countries

Percent of children under five stunted

- Bangladesh
- Cambodia
- Ethiopia
- Ghana
- Guatemala
- Haiti
- Honduras
- Mozambique
- Nepal
- Tanzania

Previous
Most recent DHS

Progress
Stagnation
Trends in underweight in LAC (MDG 1c)

49M still undernourished – not on target to reach 17M by 2015 (set by World Food Summit)

8.3% still undernourished – likely to meet the MDG target of 7% by 2015
Improving nutrition requires a multisectoral approach

Agriculture
- Production for household’s own consumption
- Income-oriented production for sale in markets
- Reduction in real food prices
- Nutrition-sensitive value chains

Social Protection
- Meet basic consumption needs and reduce fluctuations in consumption (seasonality, shocks)
- Enable savings and investments through reduction in risk and income variation
- Build, diversify, and enhance use of assets

Social and Behavioral
- Intra-family food consumption
- Empowerment of women as instrumental to household food security and health outcomes
- Improved nutrition practices in the 1,000 day window

Health
- Access to health care services
- Treatment of acute undernutrition
- Family planning and reproductive health
- Safe water, and good sanitation and hygiene practices

Improved Nutrition

Improved Nutrition

Improved Nutrition
Nutrition Interventions: Direct versus Indirect

UNICEF Conceptual Framework of Malnutrition
1. Investing in nutrition is one of the most cost-effective buys in development (Copenhagen Consensus 2006)

2. A core package of interventions is proven to improve nutrition (Lancet Series 2008)

3. That core package costs a certain amount (World Bank 2009)

4. Targeting from pregnancy to two years will have the most impact (1,000 days)

5. Countries are eager to scale up nutrition and our partners are aligned to support them (SUN)
### Global and Agency Nutrition Goals: Evolving measures of undernutrition and targets

<table>
<thead>
<tr>
<th>Date/Initiative</th>
<th>Indicator(s)</th>
<th>Target</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 Millennium Development Goals</td>
<td>Underweight</td>
<td>Halve the Proportion</td>
<td>By: 2015 (15 years)</td>
</tr>
<tr>
<td>2010-Feed the Future/Global Health Initiative</td>
<td>Underweight + stunting</td>
<td>20% Reduction</td>
<td>In Five Years</td>
</tr>
<tr>
<td>2012-World Health Assembly</td>
<td>Stunting + others</td>
<td>40% Reduction</td>
<td>By 2025 (15 Years)</td>
</tr>
<tr>
<td>2012-Zero Hunger Campaign</td>
<td>Stunting + others?</td>
<td>Eradicate</td>
<td>By: ?</td>
</tr>
<tr>
<td>Post 2015 Millennium Development Goals-????</td>
<td>? (Stunting?)</td>
<td>?</td>
<td>By: 2030</td>
</tr>
</tbody>
</table>
Within each country, SUN Movement stakeholders are brought together around 4 key processes:

- Create an enabling political environment
- Maintain Momentum by documenting Best Practices
- Align Actions across Sectors (around well-costed country plans, with an agreed results framework and mutual accountability)
- Increase Resources
Nutrition Interventions: Direct versus Indirect

“Direct” (specific) Interventions

“Indirect” (sensitive) Interventions
## Nutrition-specific vs nutrition-sensitive

<table>
<thead>
<tr>
<th>Categories</th>
<th>Interventions</th>
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</thead>
<tbody>
<tr>
<td>3 to improve feeding practices</td>
<td>- Promoting good nutritional practices ($2.9 billion):</td>
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<tr>
<td></td>
<td>- breastfeeding</td>
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<tr>
<td></td>
<td>- complementary feeding for infants after the age of six months</td>
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<tr>
<td></td>
<td>- improved hygiene practices including handwashing</td>
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<tr>
<td>6 to improve micronutrient intake</td>
<td>- Increasing intake of vitamins and minerals ($1.5 billion)</td>
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<tr>
<td></td>
<td>- Provision of micronutrients for young children and their mothers:</td>
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<tr>
<td></td>
<td>- periodic Vitamin A supplements</td>
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<tr>
<td></td>
<td>- therapeutic zinc supplements for diarrhoea management</td>
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<tr>
<td></td>
<td>- multiple micronutrient powders</td>
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<tr>
<td></td>
<td>- de-worming drugs for children (to reduce losses of nutrients)</td>
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<tr>
<td></td>
<td>- iron-folic acid supplements for pregnant women to prevent and treat anaemia</td>
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<tr>
<td></td>
<td>- iodized oil capsules where iodized salt is unavailable</td>
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<tr>
<td>2 to increase large-scale fortification</td>
<td>- Provision of micronutrients through food fortification for all:</td>
</tr>
<tr>
<td></td>
<td>- salt iodization</td>
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<tr>
<td></td>
<td>- iron fortification of staple foods</td>
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<tr>
<td>2 to increase therapeutic feeding</td>
<td>- Therapeutic feeding for malnourished children with special foods ($6.2 billion):</td>
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<tr>
<td></td>
<td>- prevention or treatment for moderate undernutrition</td>
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<tr>
<td></td>
<td>- treatment of severe undernutrition (“severe acute malnutrition”) with ready-to-use therapeutic foods (RUTF).</td>
</tr>
</tbody>
</table>

### Possible strategies
- Ag extension → SBCC
- WASH interventions
- Social marketing via agri extension
- Improve crops’ nutrient density
- PPP for national food fortification
- Link crop value chains to therapeutic food production
USAID investments relative to other donors and the global funding gap for nutrition-sensitive interventions.