

Stunted!

Stalled Investment in Nutrition Threatens Global Health, Economic Growth

What do you see when you picture United States foreign aid? Many Americans would see the iconic image of bags of grain stamped "USA" being distributed to people in crisis. Feeding the hungry is a pillar of our humanitarian efforts overseas.

It may come as a surprise that the U.S. actually spends less than 1 percent of overseas aid to improve nutrition. The U.S. is not alone in failing to prioritize nutrition. In 2010 the World Bank estimated that it would cost an additional \$10.3 billion per year to end under nutrition among women and children in poor countries.¹ Since then, the world has managed to come up with an additional \$139 million, or just 1.4 percent of the gap.²

The disconnect between perception and reality lies in the important distinction between food and nutrition. Food is necessary to ensure good nutrition, but it is not sufficient. A child with a full belly is not necessarily getting the right balance of nutritious food and vitamins necessary for healthy growth and development. The diet of poor children in developing countries often consists of just a staple starch (like rice or millet) and legumes (peas, lentils) with very little protein or adequate vegetables.³

The human and economic costs of undernutrition are enormous. One third of the preventable deaths of young children are due to inadequate nutrition — that's 2.5 million kids dying annually. When young children are malnourished, they become much more susceptible to illness, and much more likely to succumb from those illnesses. According to a recent report from UNICEF, kids who suffer from severe undernutrition are 9.5 times more likely to die from diarrhea and 6.4 times more likely to die from pneumonia.⁴ These common childhood ailments are treatable, but when they afflict children already weak from undernutrition, they become much more deadly.

One in four children (165 million in 2011) under the age of five is stunted, meaning that chronic undernutrition has resulted in serious and often irreversible physical and cognitive damage. Stunted children may struggle to reach their full potential in school and the workplace, and undernutrition can cost a person 10 percent of their lifetime earnings.⁵

The cost of undernutrition is not limited to individuals; it acts as a drag on national economies. According to the World Bank, undernutrition can cost countries 2-3 percent of GDP.⁶

The good news is there is a mountain of evidence about how to fight this problem. By focusing appropriate nutritional support on the 1,000 day window from pregnancy to age two, undernutrition and its lifelong consequences can be averted. In 2008 *The Lancet* medical journal described a package of effective interventions including: providing essential vitamins and minerals through enriched foods and supplements, promoting breastfeeding and nutritious complementary feeding for weaning babies, and treating severely malnourished kids with nutrient-rich therapeutic foods.⁷ Last year, a panel of Nobel

Laureate economists and other experts ranked child nutrition first on their list of cost-effective investments to improve global welfare.⁸

Several countries have demonstrated that real progress is possible, even in very difficult circumstances. Nepal is one of the poorest countries in Asia and emerged from a decade of conflict with a national peace accord in 2006. Since then, it has expanded nutrition and health services for women and children, and reduced stunting among children by 16 percent since 2006.⁹ In 2001, Tanzania began a national campaign to reach children with supplemental vitamin A, and has consistently reached over 90 percent of children in need. This and related health and nutrition efforts were instrumental in Tanzania cutting child mortality in half since 2001.¹⁰ In Niger, one of the poorest countries on earth, a project to provide iron supplements and de-worming medication, and educate mothers about breastfeeding, reduced anemia from 40 percent to 7 percent among pregnant women.¹¹

There is a broad-based consensus on what to do to fight undernutrition, and global leaders are mobilizing to take action. On June 8, in advance of the G8 Summit, the United Kingdom is convening a *Nutrition for Growth* summit to accelerate global progress on nutrition. Donor and developing countries, private foundations, non-governmental organizations, and private industry will gather to make specific commitments to investing in undernutrition.

Leading U.S. humanitarian and advocacy organizations have called on President Obama and his administration to join this global effort by pledging \$1.35 billion to nutrition efforts over the next three years. This represents just a fraction of U.S. investments in overseas aid, but would make a tremendous difference in the lives of mothers and children suffering from undernutrition. Advocates are also calling for a comprehensive U.S. nutrition strategy and clear, transparent reporting on nutrition spending and its impact, something lacking right now.

The U.S. is one of the most generous countries in providing food to hungry people. But it is clear that food is not enough. With a commitment to invest in nutrition, the U.S. can improve the lives and livelihoods of millions around the world.

¹ Horton, S., Shekar, M., McDonald, C., Mahal, A., Brooks, J.K. 2010. *Scaling Up Nutrition: What Will it Cost?* [online pdf]. Washington DC: World Bank. Available at: <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/PeerReviewed-Publications/ScalingUpNutrition.pdf>. Accessed May 2013.

² Development Initiatives, 2013.

³ Save the Children UK, 2012. *A Live Free From Hunger: Tackling child malnutrition* [online]. Available at: <http://www.savethechildren.org.uk/sites/default/files/docs/A-Life-Free-From-Hunger-UK-low-res.pdf>. Accessed May 2013.

⁴ UNICEF, 2013. *Achieving Child Nutrition: The Achievable Imperative for Global Progress* [online]. Available at: http://www.unicef.org/publications/files/Nutrition_Report_final_lo_res_8_April.pdf.

⁵ Horton, et al.

⁶ Horton, et al.

⁷ Bhutta, Z., Ahmed, T., Black, R., Cousens, S., Dewey, K., Giugliani, E., Haider, B., Kirkwood, B., Morris, S., Sachdev H., Shekar, M. 2008. What Works? Interventions for Maternal and Child Under-Nutrition and Survival [online pdf]. *The Lancet* (371), pp.417–440. Available at: [The Lancet](http://www.thelancet.com/series/maternal-and-child-undernutrition) <http://www.thelancet.com/series/maternal-and-child-undernutrition>. Accessed May 2013.

⁸ Hoddinott, J., Rosegrant, M., Torero, M. 2012. Investments to Reduce Hunger and Malnutrition [online pdf]. Copenhagen: Copenhagen Consensus. Available at: <http://www.copenhagenconsensus.com/Files/Filer/CC12%20papers/Hunger%20and%20Malnutrition.pdf>. Accessed May 2013.

⁹ Global Nutrition Collaborative Research Support Program, 2012. "Nutrition CRSP Stakeholder Meeting: Selected Conclusions on Research Priorities for Nepal," *Nutrition CRSP Research Briefing Paper No. 2* [online]. Available at: http://www.nutritioncrsp.org/wp-content/uploads/2013/04/RBP2_Nutrition_CRSP_Stakeholder_Meeting_Selected_Conclusions_on_Research_Priorities_For_Nepal_FINAL.pdf. Accessed May 2013.

¹⁰ Horten, et al.

¹¹ Thousand Days, 2013. *Capacity Building for Improved Nutrition* [online]. Available at: <http://www.thousanddays.org/success-story/capacity-building-for-improved-nutrition/>. Accessed May 2013.