From Recommendations to Reality: Designing and Implementing Nutrition Policy in the Real World

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Outline

1. Overview of global undernutrition trends
2. Recent movement of the nutrition agenda
3. Current global initiatives
4. Findings from the Mainstreaming Nutrition Initiative
5. Prospects for the future
Figure 11.
Trends in prevalence of underweight children by region

Africa

Prevalence %


Central Africa East Africa North Africa Southern Africa West Africa
Figure 11. Trends in prevalence of underweight children by region

Asia

Prevalence %

South central Asia
East Asia
South east Asia
West Asia

UN/SCN. Sixth Report on the Global Nutrition Situation, 2010
Figure 11.
Trends in prevalence of underweight children by region

Latin America & Caribbean

Prevalence %


Central America  Caribbean  South America

UN/SCN. Sixth Report on the Global Nutrition Situation, 2010
Global Burden of Disease Risk Factors

Figure 4.2 Burden of Disease Attributable to 10 Leading Regional Risk Factors, by Disease Type

Official development assistance (ODA) commitments for health, HIV/AIDS and nutrition, 1995-2007

OECD/DAC data

Source: World Bank, 2009
Official development assistance (ODA) commitments for nutrition and emergency food aid, 1995-2007

Source: OECD DAC
Movement on Nutrition: Timeline of Recent Initiatives

- UN Millennium Declaration, MDGs 1, 4, 5
- BMGF Founded
- Lancet Nutrition Series
- Gates Nutrition Strategy Formed
- ECHUI/REACH
- Nutrition Landscaping
- Gates Strategy Released
- Mainstreaming Nutrition Initiative
- Repositioning Nutrition
- Feed the Future
- Obama GHI

Timeline:
- 1990’s Micronutrient Decade
- 2000
- 06
- 07
- 08
- 09
- 10
- International Architecture Review
- GAP/FFA/SUN
Causes of Child Malnutrition

Child malnutrition, death and disability

- Inadequate dietary intake
- Insufficient access to food
- Inadequate maternal and child-care practices
- Poor water/sanitation and inadequate health services

Disease

Immediate causes

Outcomes

Quantity and quality of actual resources - human, economic and organizational - and the way they are controlled

Underlying causes at household/family level

Basic causes at societal level

Potential resources: environment, technology, people

<table>
<thead>
<tr>
<th>Event</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retreat of Some Donors From SCN</td>
<td>2008 and before</td>
</tr>
<tr>
<td>Engagement Of BMGF in Nutrition</td>
<td>2009</td>
</tr>
<tr>
<td>WB Costing Study</td>
<td>2009</td>
</tr>
<tr>
<td>Global Response to the Global Food Crisis</td>
<td>2009</td>
</tr>
<tr>
<td>SCN Reform Discussions</td>
<td>2010</td>
</tr>
<tr>
<td>Meetings on International Architecture For Nutrition</td>
<td>2009</td>
</tr>
<tr>
<td>Discussion of “Common Messages”</td>
<td>2009</td>
</tr>
<tr>
<td>Global Action Plan</td>
<td>2009</td>
</tr>
<tr>
<td>Framework For Action</td>
<td>2010</td>
</tr>
<tr>
<td>Roadmap For Scaling Up Nutrition (SUN)</td>
<td>2010</td>
</tr>
</tbody>
</table>

Some of the 100 Organizations endorsing the global Framework for Action and SUN
What is SUN?

• A **label** for global agenda setting purposes
• A Call to Action
• An attempt to get ‘real money’ for nutrition
• A “compendium” of actions needed (not ‘consensus’) viz
  – Food and nutrition security
  – Nutrition-focused (or nutrition-sensitive) development in key sectors
  – Nutrition-specific interventions (“direct” interventions)
• Broad indication of the types of investments needed
• A set of principles and strategies for moving forward
• An intent to build upon and harmonize current action and initiatives at country level and in agencies
• A loose articulation or collection of actors, interests and initiatives
Nutrition-Specific Interventions defined

Table 1
Evidenced Based Direct Interventions to Prevent and Treat Undernutrition

**Promoting good nutritional practices ($2.9 billion):**
- breastfeeding
- complementary feeding for infants after the age of six months
- improved hygiene practices including handwashing

**Increasing intake of vitamins and minerals ($1.5 billion):**
- periodic Vitamin A supplements
- therapeutic zinc supplements for diarrhoea management
- multiple micronutrient powders
- de-worming drugs for children (to reduce losses of nutrients)
- iron-folic acid supplements for pregnant women to prevent and treat anaemia
- iodized oil capsules where iodized salt is unavailable
- salt iodization
- iron fortification of staple foods

**Therapeutic feeding for malnourished children with special foods ($6.2 billion):**
1. Prevention or treatment for moderate undernutrition
2. Treatment of severe undernutrition (“severe acute malnutrition”) with ready-to-use therapeutic foods (RUTF).

<table>
<thead>
<tr>
<th>Date</th>
<th>Organization</th>
<th>Initiative</th>
<th>$$</th>
<th>Region</th>
<th>Nutrition?</th>
<th>Env?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>AU/NEPAD (World Bank hosts trust fund)</td>
<td>CAADP Comprehensive Africa Agriculture Development Program</td>
<td>50m+</td>
<td>Africa</td>
<td>No – but now partnering with GAIN (Jan 2011)</td>
<td>Yes</td>
</tr>
<tr>
<td>2006</td>
<td>BMGF/RF</td>
<td>AGRA Alliance for a Green Revolution in Africa</td>
<td>400m</td>
<td>Africa</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2008</td>
<td>BMGF/USAID (IRRI)</td>
<td>CSISA Cereal Systems Initiative for South Asia</td>
<td>30m</td>
<td>South Asia</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2008</td>
<td>World Bank</td>
<td>GFRP Global Food Crisis Response Program</td>
<td>2B</td>
<td>Global</td>
<td>Yes, but separate</td>
<td>No</td>
</tr>
<tr>
<td>2009</td>
<td>G8 in L’Alquila (July)</td>
<td>AFSI L’Alquila Food Security Initiative</td>
<td>22B</td>
<td>Global</td>
<td>Secondarily / ad hoc</td>
<td>Yes</td>
</tr>
<tr>
<td>2010</td>
<td>G20 (World Bank hosts trust fund)</td>
<td>GAFSP Global Agriculture and Food Security Program</td>
<td>900m</td>
<td>Global (only 3 countries so far)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2010</td>
<td>USAID</td>
<td>FTF Feed the Future</td>
<td>3.5B</td>
<td>20 target countries</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2010</td>
<td>DFID (UK) with World Bank</td>
<td>Nutrition Strategy SAFNSI S Asia Food &amp; Nutr Security Initiat</td>
<td>1.8B</td>
<td>6 countries</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2010</td>
<td>WEF in Davos</td>
<td>New Vision for Agriculture</td>
<td>n/a</td>
<td>Global</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Commonly Espoused Principles in Recent Global Initiatives

• Scale up evidence-based interventions
• Multi-sectoral actions
• Country-owned, country-led strategies
• Aligned/harmonized external assistance
Mainstreaming Nutrition Initiative

High Level Findings
Mainstreaming Nutrition Initiative

- Funded by World Bank nutrition section
- ICDDR,B, Cornell: 2006-8
- Objective: develop approaches and experience in moving nutrition from the status of a marginal issue with time-limited funding to a permanent feature on policy agendas and in MCN programs and policies

1. Cross-country study (interviews, written case studies, observations)
   - 30 respondents (nationals, researchers, NGOs, donors)
   - 18 country experiences

2. Focal countries (participant-observer and interviews):
   - Bolivia, Guatemala, Peru
   - Vietnam, Bangladesh

3. Conflict and consensus sub-studies (interviews)
   - Bolivia
   - Guatemala
Cross-country Study

What factors influence the development of the national nutrition agenda?

What are some promising avenues for future efforts?

Country Experiences

Benin, Burkina, Ethiopia, Kenya, Madagascar, Malawi, Mali, Mauritania, Senegal, Tanzania, Uganda, The Philippines, Thailand, Bangladesh, Bolivia, Chile, Guatemala, Haiti, Peru

Respondents: 12 nationals, 12 donor/NGO, 6 nationals in donor/NGO

Societal Conditions → Catalytic Events → Structural Factors → Points of Contention → Strategies & Tactics

Thematic coding

Interviews
Written accounts
Observations
**Societal Conditions**
- Disasters
- War
- Civil unrest
- Economic downturns
- Sector reforms
- Elections
- Elections
- HIV etc.

**Catalytic Events**
- Food crises
- Nutr surveys, Small-scale projects
- Positive experiences
- Salt iodization
- Vitamin A suppl
- PRSP windows
- Natl or internatl conferences
- Visits by high profile actors
- MDG-1
- Lancet series etc.

**Structural Factors**
- Institut arrangements for leadership, coordination, implementation
- Limited authority & budget control
- Divergent mandates, interests and power
- Fragmented, shifting & short-term funding
- Weak capacity & credibility of nutrition units
- Competition & rivalry
- Avoidance and weak accountability
- Decentralization etc.

**Points of Contention**
- Food programs targeting micronutrient strategies
- GMP
- Stunting vs underweight
- RUTF for mod maln
- U2 vs U5
- School feeding
- Vertical vs integrated
- Long vs short routes etc.

**Strategies and Tactics**
“[] the donors and NGOs basically could not get their act together because they were all arguing for their own special interest or their own view of how things ought to be handled for nutrition.” (International researcher and consultant to countries)
Societal Conditions
Catalytic Events
Structural Factors & Behaviors
Points of Contention

Strategies & Tactics

**Diminished** commitment, coherence, coordination and support for the national nutrition agenda

**Enhanced** commitment, coherence, coordination and support for the national nutrition agenda

Pelletier, SCN News 36, 2008
“[] they had a lot of disagreements but they always went ahead with one voice. They sat behind closed doors and didn’t get out, but then they put on a good face when they came out and had one recommendation. (Donor agency)
Strategies and Tactics

“NGOs got together and sort of formed a networking organization or an alliance. They agreed to put their logo all on the national program reports rather than trying to claim ownership for themselves, and things like that. So there was a period where there were a lot of fairly large NGO-run programs, and they wanted to make it one national program, and they managed to get their act together to do that.” (International NGO)
"Strategic Capacity"

- Societal Conditions
- Catalytic Events
- Structural Factors & Behaviors
- Points of Contention

Diminished commitment, coherence, coordination and support for the national nutrition agenda

Enhanced commitment, coherence, coordination and support for the national nutrition agenda

Pelletier, SCN News 36, 2008
Strategic Capacity

The human and institutional capacity to:

• build commitment, vision and consensus towards a long-term national nutrition agenda,
• broker agreements,
• resolve conflicts,
• respond to recurring challenges and opportunities,
• build relationships,
• undertake strategic communications,
• strengthen operational capacities and implementation as part of the national nutrition agenda

Findings from Focal Countries

Agenda setting: generating policy attention

- Many routes
  
  Electoral (Bolivia, Peru, Guatemala)
  
  Bureaucratic (Vietnam, Bangladesh)

Pelletier, et al., Health Policy and Planning Feb 3, 2011 (online access)
Findings from Focal Countries

Policy formulation: deciding interventions, strategies, roles & responsibilities

Multisectoral: Bolivia, Peru, Guatemala

Sectoral: MOH vs others

Biomedical: anemia versus stunting

Pelletier, et al., *Health Policy and Planning* Feb 3, 2011 (online access)
Findings from Focal Countries

Commitment: translating attention into effective action

Political attention vs political commitment vs system commitment

(Bolivia, Peru, Guatemala)

Bolivian President Evo Morales swears in Ministers to the Zero Malnutrition Program

Pelletier, et al., Health Policy and Planning Feb 3, 2011 (online access)
Contention in Policy Formulation: The Case of Growth Monitoring Indicators in a LAC Country

- Wt-for-Age and MEWG (Min Exp Wt Gain) both in use in years prior
- New WHO Growth References, Priority on Stunting, Obesity concern
- ZM program is “opportunity to switch to a uniform national standard based on current international evidence and norms”
- Three-year conflict among MOH, NGOs, donors
- 4 interviews with MOH actors (favoring stunting indicator)
- 4 interviews with NGOs (favoring MEWG)

## Anatomy of a Contentious Issue

<table>
<thead>
<tr>
<th>MOH</th>
<th>NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position</strong></td>
<td>• use HA indicator</td>
</tr>
</tbody>
</table>
| **Goals** | • align with WHO norms  
 • prevent obesity, reduce stunting, address wasting | • detect growth failure early |
| **Claims** | • MEWG not feasible, too costly, confusing to caregivers  
 • MEWG not effective  
 • MEWG may increase obesity  
 • HA can help distinguish stunting, obesity and wasting | • MEWG shown to be feasible and understood even by promoters  
 • HA is logistically difficult  
 • HA is slow to change and will de-motivate caregivers  
 • HA has excessive measurement error  
 • WHO norms based on technical not operational considerations  
 • IYCF messages <2 years do not cause obesity |
| **Types of Support** | • International norms  
 • Programmatic experience  
 • Logical inferences and conjectures | • External eval of MEWG programs  
 • Programmatic experience  
 • Experiences in other countries  
 • Interpretation of Lancet#2  
 • Logical inferences and conjectures |
Conclusions

• “Understanding stakeholder values, interests, and perceived trade-offs, and knowing how to negotiate those effectively, turns out to be as important as being clear and ‘data-driven’ about one’s own interests and action agenda” (Briggs, 2008 p. 228).

• “Though there is ample evidence that “conflicting parties can listen, learn, and act together, doing so is anything but a natural achievement” (Forester, 2009 p. 35.

• “Greater intentionality around decision-making strategies is needed at all stages of the nutrition policy process – from agenda setting to implementation decisions – and with all types of policy choices, even those that look deceptively simple and technical like growth monitoring.”

Guatemala Case Study: From “Successful Agenda Setting” To Consensus in Policy Formulation

- A success story in agenda setting
- Policy formulation encountered deep disagreements
- Sub-study explored stakeholder views re. “Good Process”
- 20 semi-structured interviews (Govt, donor, NGO, academic)
- 60-90 min interviews; 250 pp transcribed
- Prompted and unprompted views on:
  - Key principles for “good process”
  - Desired outcomes
  - Feasibility in Guatemala
  - Willingness to participate
  - Willingness to accept decisions

Interview Tool (distilled from the literature)

Example actions:
- Invite & engage a diverse & representative set of interested & affected parties
- Check back with their groups
- Use available process guidelines & tools for open, democratic dialogue & deliberation on all factual & value claims and view points
- Establish ground rules
- Use a non-aligned facilitator
- Use process observers
- Establish a Process Management Committee
- Use tools for reaching “consensus”, conflict management
- Foment clarity in expression & collective leadership
- Use clear, iterative decision process, using participant feedback to make adjustments
- Send final outcomes to higher level policy authorities

5 principles of a “good” process:
- Involve the “right” people
- Involve people the “right” way
- Clear, organized procedure & objective
- Focus on securing common interest
- Transparency & Accountability

Desired outcomes:
- Increased awareness, understanding and consideration among all participants of the existing diversity of knowledge, interests and values around the policy issues at hand
- Building of trust, respect and relationships for future collaboration
- Clear to all participants that all decisions are competent and were made in the common interest
- Decisions resulting from the process influence policy
“Good Process:” Summary Findings

1. Key principles for good process: Strong resonance with literature
2. Desired outcomes: have impact on decisions, build trust, be inclusive
3. Feasibility in Guatemala: difficult, but yes
4. Willingness to participate: yes (all 20)
5. Willingness to accept decisions yes (all 20)
6. Are others willing to participate? Yes: 15 of 19
7. Are others willing to accept decisions? Yes: 11 of 18

Conclusions from Guatemala Study

• Strong interest in the fidelity of decision processes (≡ “evidence-based”)
• Strong agreement on core principles, willing to participate and willing to accept decisions
• Actual behavior may vary from interview responses, will depend heavily on the actual quality of the process and must be studied in a real-world context
• Countries embarking on ‘country-owned, country-led’ initiatives would do well to first seek stakeholder agreement on the design and implementation of an explicit, inclusive and transparent decision process

MNI Overall Conclusions (emphasizing “what’s new”)

1. Agenda setting may be easier than once thought (in some contexts)
2. “Political will” is too simplistic
3. We have seen the enemy and it is US
4. More and better evidence is not the answer (under current conditions)
5. Stronger implementation capacity is necessary but not sufficient
6. Strategic capacity is a fundamental priority
   - Enables agenda setting
   - Can deepen, broaden and sustain commitment
   - Can envision, lead, forge consensus and resolve conflicts
   - Can navigate structural obstacles and exploit windows of opportunity
   - Can integrate evidence into robust policy deliberation
   - Can envision, promote and sustain a long-term capacity-bldg effort
   - Can make “country-led and country-owned” a reality
Prospects for the Future

• Country-level support
• Global agenda setting
REACH focuses on scaling up country action

**End of child hunger and undernutrition**

- **By 2015:** REACH MDG 1, Target 3 (to halve the proportion of underweight children under 5)
- **Beyond 2015:** Achieve sustainable acceleration of the rate of reduction in child underweight

**Vision & Goals**

**Action areas**

- Knowledge-sharing
- Financing and resource mobilisation
- Communications and advocacy

**Outcomes**

- Increased awareness of the problem and potential solutions
- Strengthened national policies and programmes
- Increased capacity at all levels for action
- Increased efficiency and accountability
## Prospects for Global Agenda Setting

<table>
<thead>
<tr>
<th>Agenda Setting Factor</th>
<th>Maternal Mortality</th>
<th>Undernutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTOR POWER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy community cohesion</td>
<td>Weak</td>
<td>Weak</td>
</tr>
<tr>
<td>Uniting leadership/ champions</td>
<td>No</td>
<td>Weak</td>
</tr>
<tr>
<td>Effective coordinating or guiding institutions for the initiative</td>
<td>Weak</td>
<td>Not yet agreed</td>
</tr>
<tr>
<td>Civil society mobilization</td>
<td>No</td>
<td>For food-related issues but not “undernutrition”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IDEAS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed internal frame</td>
<td>Many possibilities but little agreement</td>
<td>Yes, in broad terms</td>
</tr>
<tr>
<td>Resonant external frame</td>
<td>Many were attempted but did not get traction</td>
<td>Beginning, but “competes” with hunger, food security and agriculture</td>
</tr>
</tbody>
</table>

## The Prospects for Generating Global Priority for Undernutrition (cont’d)

<table>
<thead>
<tr>
<th>Agenda Setting Factor</th>
<th>Maternal Mortality</th>
<th>Undernutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POLITICAL CONTEXTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy windows</td>
<td>Many created but only MDG5 effective</td>
<td>Yes</td>
</tr>
<tr>
<td>Governance structures</td>
<td>Weak for health generally, including weak leadership for maternal mortality</td>
<td>Weak</td>
</tr>
<tr>
<td><strong>ISSUE CHARACTERISTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credible indicators</td>
<td>Levels and trends are difficult to measure well</td>
<td>Yes</td>
</tr>
<tr>
<td>Severity</td>
<td>Severe but relatively rare</td>
<td>Yes</td>
</tr>
<tr>
<td>Effective, evidence-based solutions</td>
<td>Interventions are not simple and little agreement</td>
<td>Yes but evidence is uneven and disagreements abound</td>
</tr>
</tbody>
</table>

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