

A Road Map for Scaling-Up Nutrition (SUN)

September 2010

First Edition

Preface

Meeting the Millennium Development Goals (MDGs) requires immediate action on nutrition. At this time a quarter of all children are undernourished. This increases their chance of death, undermines their potential to learn in school and reduces their capacity to earn a living. Proven solutions are available and nations want to act on this knowledge. Investments in *Scaling-up Nutrition* will yield immediate returns. They will save lives, enable children - and their mothers – to have a better future, contribute to livelihoods, reduce poverty and contribute to the economic growth of nations.

A group of stakeholders from Governments, donor agencies, civil society, the research community, the private sector, intergovernmental organizations and development banks met at intervals during 2009 and 2010 to develop a *Framework for Scaling up Nutrition* which was presented during the 2010 spring meeting of the World Bank and IMF. In June 2010 representatives of the 100 entities that endorsed the Framework met at a meeting organized by the Mayor of Rome and the United Nations World Food Programme. They requested a Task Team to devise a Road Map for rapid scaling up of its implementation as a key contribution to realizing the Millennium Development Goals. They asked that the Road Map be prepared on an urgent basis in advance of the September 2010 UN General Assembly Summit on the Millennium Development Goals. The SUN Framework and the Road Map are offered to the International Community as a Public Good, although they have not been formally endorsed by any intergovernmental body.

This Road Map will evolve with increasing precision as different stakeholders identify and then confirm the ways in which they can contribute. This document – dated September 16th 2010 – is titled “first edition” in the anticipation that it will be revised before the end of 2010.

Scaling Up Nutrition Road Map Task Team
17th September 2010

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Executive Summary

This Road Map proposes a multi-stakeholder global effort to Scale Up Nutrition (SUN). The goal is to reduce hunger and under-nutrition and contribute to the realization of all the Millennium Development Goals that were set in 2000. There is particular emphasis on MDG 1 - halving poverty and hunger by the year 2015. This means halving the percentage of people who suffer as a result of hunger – specifically children and other vulnerable groups who have inadequate dietary energy consumption or are underweight. Rapid progress on nutrition is a prerequisite for the MDGs in general, including those on universal primary education, gender equality, and child and maternal mortality.

The SUN Road Map is based on a Framework for Action to Scale-Up Nutrition (SUN Framework), released in April 2010. The SUN Framework has been endorsed by more than 100 entities from national governments, the United Nations system, civil society organizations, development agencies, academia, philanthropic bodies and the private sector. They are committed to supporting its implementation in ways that respond to the needs of people within countries affected by under-nutrition.

The effort to Scale Up Nutrition encourages a better focus on nutrition within development programmes, and stresses that the right investments will save lives, improve countries' economic prospects and increase the prosperity, well-being and potential of all their citizens. The SUN Road Map identifies investments that have been shown to work if implemented within the context of nutrition-focused development policies.

This Road Map details means through which country, regional and international stakeholders will work together to establish and then pursue an effort to Scale Up Nutrition. In many countries national authorities, practitioners and policy makers from a range of sectors - including agriculture and food, health, social protection, and education – are working on nutrition issues. As they start to participate in the effort to Scale Up Nutrition they will intensify their actions with regular stocktaking and progress reviews. They will raise the profile of food and nutrition security within their national and sectoral strategies and will scale up efforts to improve nutritional outcomes. They will work in a coordinated and responsive manner that reflects national priorities and makes a lasting difference. They will strengthen their capacities to devise and implement programmes, ensuring strong advocacy, involving civil society and businesses, encouraging movements for action, tracking progress and coordinating external assistance. Mechanisms to deliver these actions and policies are expected to be in place by the end of 2010.

This Road Map anticipates that there will be (a), multi-stakeholder platforms within countries participating in the effort to Scale Up Nutrition, and that they will become increasingly important as a means to ensure joint efforts and a shared responsibility for results, (b) improved sharing of experiences between countries and regions, (c) joint action by different stakeholders to encourage advocacy, (d) a major effort to stimulate relevant research, (e) harmonized policy guidance, (f) better support for monitoring of progress, (g) better-aligned assistance from development partners, (h) stronger governance and coordination of intergovernmental action (i) support for individuals as they become leaders for nutrition and, vitally, (j) a long term commitment by national governments.

I The New Emphasis on Scaling Up Nutrition (SUN):

Section I, sets out the background to the SUN Framework, describing the process that led to its development, the evidence on which it is based, the benefits that would derive from increased investments in nutrition, and the national, regional and global initiatives already in place to support a scale-up. As well as emphasising the need to ensure food security for all, it describes the two key focuses of policy response needed to achieve impact – nutrition-focused development and nutrition-specific interventions. It then sets the scene for intensifying collective efforts on nutrition over the next 5 years and introduces the SUN Roadmap as a way of working better together to achieve these goals.

1. **This Road Map is designed for national authorities of countries affected by under-nutrition, and development partners that seek to support them.** It encourages them to work together in their efforts to scale-up nutrition. It is based on the Framework for Scaling Up Nutrition (the SUN Framework) developed by a group of stakeholders from Governments, donor agencies, civil society, the research community, private sector, intergovernmental organizations and development banks who met at intervals during 2009 and 2010. In June 2010 representatives of the 100 entities that endorsed the Framework requested a Task Team to devise a Road Map for its implementation. They wanted to ensure that the momentum behind this Framework would contribute to realizing the Millennium Development Goals.
2. **The rationale behind the SUN Framework is the *unsatisfactory progress towards the attainment of the first Millennium Development Goal – reduction in poverty and hunger.*** The number of under-nourished people has risen steadily since 1995 to over 1 billion in 2009. While the percentage of children underweight fell from 33% in 1990 to 26% in 2006, it is still well short of the 2015 target of 16.5%. The renewed international focus on food security and nutrition presents an opportunity for coordinated and coherent action. The focus should be on achieving economic, social and human development that is universal, equitable and rights-based.
3. **The SUN Framework cites evidence on the *long-term and irreversible impact of under-nutrition*** both on infant and young child mortality and on longer term intellectual, physical and social development. These long-term effects are largely irreversible. There is also widespread recognition (sometimes referred to as a *burden of knowledge*) that a series of well-tested and low-cost interventions can protect the nutrition of vulnerable individuals and communities and benefit millions of people if incorporated into food security, agriculture, social protection, health and educational programmes. The interventions have been presented in a number of high level development journals including The Lancet in 2008 (The interventions are summarized in Box 1).
4. **The SUN Framework emphasises the *exceptional benefits of nutrition interventions.*** Investing in good infant and child nutrition leads to an estimated 2-3 per cent growth in the economic wealth of developing countries. It is expected that full implementation of the direct interventions envisaged in this Road Map would avert the deaths of 1 million children per year, mitigate against disease and reduce the burden on health care systems, increase school attendance and educational attainment, and improve economic prosperity and the ability of all citizens to realize their full potential¹. In economic terms, costs of the nutrition-specific interventions recommended in the SUN Framework have been compared with the economic value of their benefits (in terms of reduced mortality and morbidity). Despite the inevitable variability in assumptions,

¹ These studies look at the impact of nutrition-specific interventions and put a value on reduced mortality and disease.

estimates and valuations used for such calculations², the basic benefit to cost ratio is a very high **15.8 to 1**. Even the low case, with extremely conservative estimates, yields a benefit to cost ratio of **4.8 to 1**, and the high case value is **40 to 1**. This is consistent with the findings of the “Copenhagen Consensus 2008” (which summarizes the views of a panel of leading economists, including five Nobel Laureates) who ranked nutrition interventions as providing some of the most effective returns of all development interventions.

5. **The SUN Framework is also a compendium of ways to tackle high levels of under-nutrition.** It recognizes that social and economic policies which encourage freedom from hunger, the right to adequate food, and highest attainable levels of health, will – if implemented properly – lead to improvements in nutrition. It spells out (1) what needs to be done – within this policy context - to improve nutrition outcomes, (2) what investments are required to scale up effective nutrition actions in priority countries, and (3) what are the key working principles to move this agenda forward. The SUN framework identifies three groups of priority policy responses for Scaling up Nutrition:
 - a) **Food and Nutrition Security for all:** Longer term advocacy for, mobilizing of action for, and mapping of progress on the in-country responses to achieve food security.
 - b) **Nutrition-Focused Development** which seeks to the promote adequate nutrition as the goal of national development policies in agriculture, food supply, social protection, health and education programmes
 - c) **Nutrition-Specific Interventions** which have nutritional improvement as the primary goal and should be accessible to all individuals and their households, especially from pregnancy to the first two years of life, and at times of illness or distress.
6. **The SUN Road Map envisages 3 to 5 years of intensive effort for Scaling Up Nutrition (SUN) which draws on sustained commitment of a broad range of stakeholders at local, national, regional and international levels.** Stakeholders participating in SUN will scale up action within countries affected by under-nutrition. The goals of SUN will be achieved through accelerating on-going support to national governments, civil society, and scientific institutions in-country, as well as of relevant regional bodies and international stakeholders. Emphasis will also be given to encouraging the involvement of the international and national private sector, based on principles that seek to limit any conflicts of interest, foster partnerships and create shared value through concerted action. Governments may seek to encourage enterprises that focus on (a) supplementation and fortification initiatives; (b) improved complementary feeding for infants and young children using locally available and affordable foods; (c); increased production of food that will enhance the diversity and nutritional quality of local diets (d) social marketing of practices that will lead to better nutrition and (e) improving the nutritional content of processed foods.
7. **Some countries are already scaling up nutrition - taking action to reduce the prevalence of chronic under-nutrition and micronutrient deficiencies.** These national efforts are often backed by regional institutions. The Pan American Health Organization, for example, has launched an Alliance for Nutrition and Development that is committing to the reduction of chronic under-nutrition. This emphasises a comprehensive food security and nutrition approach that tackles multiple determinants of under-nutrition and focuses on well-managed and carefully coordinated social protection programs, a system of government accountability and the involvement of communities within all aspects of design and implementation. The African Union is set to adopt a similar approach. The recently revitalized Committee on World Food Security will contribute to synergy between recent global initiatives on food security and nutrition and on-going country actions.

² The base case assumptions are of efficiency of scaling up (70% of what has been achieved in field trials), valuing a year of life (what health economists call a “disability adjusted life year”) at the burden-weighted average per capita income of the countries that account for 90% of global under-nutrition, and no account taken of other benefits, such as on earnings or education.

Box 1: Effective nutrition interventions.

Food security covers availability, access, utilization and stability and exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life.

In January 2008 the medical journal *Lancet* published a series of articles defining the magnitude and consequences of under nutrition and demonstrating the availability and potential benefits of proven interventions. They focus on pregnancy and early childhood - from conception to 24 months of age but findings can also be extended to the chronically ill. These interventions include (a) empowering women so they can pursue optimal nutrition during pregnancy and when children are born (including breast feeding, ante-natal supplements, appropriate complementary feeds from age six months and food-related hygiene), (b) enabling adequate intake of vitamins and minerals among those most in need through diverse diets, fortified foods and supplements, (c) ensuring that those who are at risk of malnutrition can access and benefit from the food and nutrients they need for growth and good health (through special attention to the development of communities at risk of malnutrition, nutritional management of infections and therapeutic feeding of individuals who are malnourished). Special care will be needed to ensure that hard-to-reach populations can access the interventions that are being offered.

Additionally, improved access to, and availability of, nutritious food will have significant impacts on under nutrition. Direct food-based interventions usually combine support to, and diversification of, food production as well as improved food storage and processing, reliable access to bio-energy for cooking and labour-saving interventions to enable households to have more time available for adequate nourishment and care of children and other dependents. Surplus production can be sold or bartered locally, generating additional income for household food purchases, and facilitating the access of local consumers to nutritious foods. Macro and micro nutrient rich foods are particularly important as contributors to better nutrition. Societies may benefit from a fuller understanding about the nutritional benefits of different dietary, consumption and hygiene practices. Establishing the context within which households and communities can improve nutrition may also require the development of local institutions so as to improve food hygiene practices, local production systems, safety nets and, where necessary, cash transfer systems.

The joint functioning of health care, agriculture and social protection services - at the community level – is critical for sustainable improvements in the nutrition of all and – at the same time – preventing obesity or other food-related diseases.

II SUN at Country Level

Section II proposes common principles for stake-holders involved in scaling up nutrition, for mobilizing support from development partners, and for ensuring that national needs, variations in country contexts, and programme priorities are always to the fore. It indicates the importance of strategic leadership, synergy among institutions and coordinated mobilization for action. It shows how the SUN effort builds on successful institutions, infrastructure and programmes, and it identifies some of the tools, processes and mechanisms for increasing impact.

8. **The SUN Road Map reflects the Principles of Food Security as initially proposed by 26 Heads of State and Government and 14 International Organization Heads at the G8 Summit in L'Aquila, Italy**, where substantial sums were pledged to support food security. The principles were approved by delegates at the FAO World Summit on Food Security in Rome, November 2009. They include calls for (a) a step increase in support for food and nutrition security outcomes - and capacity development, based on (b) strong, prioritized country-led strategies which reflect a comprehensive approach to nutrition-focused development and nutrition-specific interventions. The effort to Scale Up Nutrition complements the work of the UN System's High Level Task Force on the Global Food Security Crisis (as set out in its Updated Comprehensive Framework for Action) and contributes to the One Billion Hungry Campaign.
9. **The SUN Road Map also reflects the May 2010 World Health Assembly resolution 63.23 on infant and young child nutrition, and is anchored in the guiding principles developed by the Standing Committee on Nutrition in 2009 in Brussels**. These seek to ensure that nutrition policies are pro-poor, pay attention to people with specific nutritional requirements (especially children under the age of 2 years), Rights-based, offer integrated support (food, health, care and social protection), are participatory (building on local communities, engaging their institutions and inclusive of women's and children's interests), and do no harm.
10. **There are three strategic priorities that are expected to underlie SUN at country level:**
 - **Mobilizing different organizations for effective joint action:** establishing joint platforms that enable the participation of different organizations that have the potential to influence nutrition, with systems for planning, management, logistics, communications and financing, as well as for ensuring necessary technical support and learning.
 - **Encouraging Institutional Coherence:** encouraging synergy between national institutions so that their efforts converge and their staff work as partners; increasing their capacity to work together on planning, implementation, monitoring and evaluation, and to contribute to national, regional and global experience;
 - **Identifying and Supporting Nutrition Leaders:** locating individuals ready to advocate and be responsible for efforts to improve food and nutrition security, to take on (with others) leadership roles, and to work together so as to inspire others to lead. This means inspiring them to be interested, valuing their contributions and encouraging their taking on more responsibility for nutritional outcomes.
11. **Most countries that have succeeded in improving nutritional outcomes have also developed effective national strategies, investment plans and priorities**. Experience from these countries indicates that the best results require a small group of well-functioning elements. These include a solid needs analysis, a multi-stakeholder platform with shared vision and agreed ways of working, dedicated governance structures to manage the scale up process, strengthened and integrated community level delivery mechanisms, empowering community participation and ownership, robust information flows for tracking progress and results, effective communications and messaging, linkages with potential financing partners, and most significantly, the elevation of nutrition so that it is considered within the highest political and decision-making bodies.

Leadership and ownership of these strategies has rested with national authorities themselves, with – in some cases - support from external development partners.

12. **Building on this experience it is expected that countries will pass through three overlapping stages as they participate in SUN.** The first stage is to take stock of the current needs and capacities. The second is to develop in-country stakeholder platforms and strategies for implementation – including costed plans for the strengthening of endogenous capacity, implementation and monitoring. The third stage is investment in the programmes called for by those strategies, including nutrition-focused programmes across several sectors. Some countries have already gone through the first two stages and are receiving support from donors for implementing parts of their strategies. It is anticipated that donors will intensify and better align support for rapid scaling up of nutrition-focused activities in at least 8 countries by the end of 2011. This will furnish early and direct proof that SUN can go to scale and will encourage innovative delivery models and helpful lessons on ways to handle capacity and institutional constraints.

Box 2: SUN: the three stages of country participation

The first stage – national authorities take stock of the national nutrition situation and of existing strategies, institutions, actors and programmes. This will identify promising actions for scaling up, engage development partners and the private sector in taking the work forward, mobilize funds and seek to demonstrate results from on-going actions. The results of the stocktaking may reveal that such steps could be advanced rapidly, building on pre-existing health, food security and/or social protection programmes. It may also indicate that capacity is limited and that progress will only be possible once it has been strengthened. External support will be available to assist with the stocktaking.

The second stage – national authorities develop their plans for scaling up nutrition that reflect the severity of their under-nutrition situation, their capacities, the policies and strategies they have developed, and the resources available both for modifying existing programmes and for initiating new ones. Some countries may start this process through capturing the sum of their efforts to tackle malnutrition across different sectors in a common set of indicators and targets, rather than developing a detailed nutrition plan. The partners in SUN will react in ways that respond to each country's context, seeking to provide support that reflects the requests being made and will do so in a coordinated and harmonized way.

The third stage - rapid scaling up of programmes with domestic and external financing. The provision of financial support will be agreed between representatives of the donor community and the national authority. The SUN Road Map has the ambitious target of ensuring harmonised increases in the resources available to at least 25 countries so that they can undertake stocktaking, build capacity and scale up action for nutrition - by the end of 2015. At least 8 countries will start to receive intensive support for scaling up nutrition by the end of 2011, building on an on-going mapping of current donor activities and country readiness.

13. **The SUN Road Map envisages the Development of Multi-Stakeholder Processes at the local and national level to help programme staff, organizations and society to scale up nutrition actions effectively.** National authorities will identify the capacities that they wish to be developed. These could include the development of stakeholder platforms needed to support the development of strategies, garner political support and mobilize resources, and the systems required to prioritize, manage, monitor and evaluate large scale-programs – with a focus on accountability. Such capacity development is most likely to be sustained when it is rooted in appropriate national and local institutions. External development partners should integrate support for SUN capacity building within their assistance strategies: the support should respond to requests for help with programme planning and management, governance, accountability and sustainability.

14. **Networks of stakeholders** – from civil society, businesses, professional organizations and research groups - will be asked to contribute to implementation of all elements of SUN. They have important roles to play in stocktaking and mapping exercises, the setting of targets, mobilizing funds and tracking progress against expected results. They will also help with advocacy, capacity strengthening and fostering of nutrition leadership at global, national and community levels (see Annex 3 on stakeholders).
15. **In order to sustain the involvement of multiple actors the SUN Road Map envisages community-based and national movements for nutrition that bring together different stakeholders and align their efforts.** They draw on existing networks of civil society, businesses, professionals, researchers and a broad range of local authorities and national government ministries. As the effort to Scale Up Nutrition is taken forward, so an increasing number of these stakeholders will become engaged. Wherever possible, movements will be anchored in communities to encourage participation, accountability, and inclusiveness. Movements will extend beyond the national level to engage with regional and sub-regional bodies, international civil society organizations, academics, intergovernmental organizations, the private sector and other development actors. Alignment within movements will encourage synergy and complementary, through common goals and agreed actions, inspiring mutual respect, confidence and trust between participants, and minimizing potential conflict of interest through shared common codes of conduct.
16. **The effort to Scale Up Nutrition will give priority to concerted advocacy and effective communications.** There has been increased awareness and understanding among decision makers of the importance of addressing under nutrition. Common advocacy strategies will be used to help sustain this momentum: effective communications are needed to encourage and ensure effective action. Advocacy strategies will build upon the efforts and experience of a broad range of stakeholders, not least of local communities themselves. At the global and regional levels strategies will demonstrate convincingly that the SUN reflects an unprecedented collective leadership commitment, supported by a societal movement, to reverse the neglect of under nutrition (and significantly increase support for food security, nutrition-focused development and nutrition-specific interventions). The advocacy will be developed in tandem with strategies that support mutual and shared learning, and contribute to increased engagement of, and ownership by, stakeholders working at the country level. Differentiated and tailored messaging will be required to resonate with different target audiences groups, at different levels, with varying degrees of resources. Messaging will be evidence-based and continuously adapted on the basis of experience. All advocacy and communication strategies will be built around national scale up plans and external international support to these plans.
17. **Assessing the success of efforts to Scale Up Nutrition calls for efficient country-level systems for monitoring and reporting on progress and for evaluating outcomes.** The SUN Road Map will encourage the development of national monitoring systems that are country specific and, as in other international initiatives, seek a high degree of mutual accountability to both end users and domestic and international investors. A limited set of agreed key indicators, informed by international best practice, will help provide the best means for assessing progress and outstanding needs, for motivating change, and for implementing the principle of the Paris Declaration for ‘managing for results’. This common set of indicators will also respond to needs for global reporting and monitoring and be consistent with the May 2010 resolution of the World Health Assembly and the programme of work of the Committee on World Food Security. Indicators will range from (1) **delivery-related** (population coverage with key interventions), to (2) **outcome** (breastfeeding, complementary feeding, total energy intake, dietary diversity and infection rates) and (3) **impact** (weight-for-age, height-for-age, weight-for-height, birth-weight, haemoglobin levels in pregnancy).
18. **The SUN Road Map promotes the sharing of experiences and results as a contribution to effective capacity building.** Limited local and national technical and/or managerial capacity often affects project performance more than lack of effective interventions or finances. The use of distance learning technologies currently available is one approach that can support countries as they establish training in programme design

and management, addressing the key institutional, managerial and technical skills necessary to scale up nutrition. This training could be complemented by communities of practice that will include research, policy makers and professionals who provide access to relevant and timely information and expertise.

19. **The SUN Road Map stimulates applied research so as to increase access to knowledge, standards and harmonized policies for Scaling Up Nutrition:** The effort to Scale Up Nutrition will depend on continuous updating of knowledge, improved data collection, establishment of evidence-based standards, and the development and review of policies applied in different country settings. It requires strong links between policymakers and the research community so that the changing context of nutrition security and difficult and challenging issues can be kept under regular review. Promotion of this culture of continuous learning will enable those involved in food security and nutrition to constantly improve and refine the delivery of interventions and their impacts over time. Improved collaboration will likely improve the cost- effectiveness of these interventions and a coordinated research agenda will more effectively address the key gaps in evidence.

III Principles for Support to Scaling Up Nutrition

Section III sets out principles for support for scaling nutrition at country level. It emphasises that most SUN action will be implemented by adapting existing activities (whether they be initiated by individuals, households, government bodies or voluntary agencies) so that they focus better on long-term food and nutrition security and increase the proportion of populations covered by nutrition-specific interventions. It emphasises that – under the SUN Road Map - investments in country plans by development partners will (a) respond to requests from national authorities, (b) take account of country needs and (c) reflect the capacity of institutions and systems to scale up successfully. In poorer nations a significant proportion of the financing for these interventions will be provided as external assistance for country-led programming through a variety of mechanisms.

20. **The costs to countries of fully implementing the SUN Framework are conservatively estimated at least \$12 billion per year.** This excludes estimates of the overall resource requirements for investment in agriculture and food production in food insecure countries which are an order of magnitude greater. A detailed analysis³ concludes that the costs of full implementation of nutrition specific interventions in the 36 highest burden countries accounting for 90 per cent of under-nutrition⁴ at about \$11.8bn per year. This included approximately \$6bn for feeding programmes to prevent and treat the severest forms of under-nutrition in areas where food security is not presently assured. The estimate is a conservative one for several reasons: it does not include the costs for the nutritional needs of children above five years old, for the incremental cost of nutrition-focused programmes in other sectors and for addressing problems of obesity. However, given capacity constraints, it will take a number of years to approach full coverage with all interventions⁵. This implies that the needs for financing will mount over time as capacity increases. At the same time, national authorities and other stakeholders will pursue learning and innovation as part of the scaling up process. They will test innovative approaches that increase their expertise and capacity to address under-nutrition more efficiently. Some current public-private-civil society partnerships for food and nutrition security offer stakeholders the potential for scaled up action, more efficient delivery systems and – eventually – some savings in terms of intervention unit costs.
21. **The main investors in efforts to scale up nutrition are national governments themselves.** This means a need for higher prioritization of food security and nutrition in national programmes – specifically in sectors such as health, agriculture, social protection, education and local development – as well as through earmarked expenditure on nutrition-specific activities. These efforts will be augmented by improved nutrition practices at the household level and support from community based organizations. Total national expenditures on nutrition within overall development strategies are not easy to calculate as they are shared between different line ministries and are frequently not labelled as nutrition expenditures. Most countries affected by under-nutrition will require external assistance to supplement their own expenditures. The level and pattern of support will vary from country to country.
22. **Participation in the effort to Scale Up Nutrition is open to all countries whose populations experience under-nutrition, and to other stakeholders committed to providing support.** These stakeholders will seek to respond to countries' assessments of their readiness for implementing SUN activities. The SUN effort will respond to country needs, whether through improving food security, encouraging nutrition-focused development or supporting nutrition-specific interventions. The support needed will differ between countries. Responses will be tailored and sequenced to take account of the specificity of each country, including the capacity of its national stakeholder platforms, institutional and staff capacity, and the availability of financing.

³ Horton, et al, World Bank, 2009.

⁴ Measured by the incidence of stunting.

⁵ Horton, et al, World Bank, 2009.

23. **It is anticipated that national authorities will request financial support for a variety of purposes.** The first is capacity building - to share experiences, develop skills and strengthen institutions for situation analysis, multi-stakeholder SUN platforms, and scaled up implementation. They will also seek support for communications campaigns that use clear and accessible language; for building movements for nutrition based on networks of stakeholders from civil society organizations, the business community, the international system, philanthropic and external development partners, and for increasing access to new knowledge, standards and policies through better collaboration among research groups and international organizations. They may seek help with implementing nutrition-specific interventions and to ensure that they reach those who will benefit from them the most. .
24. **Participants in the effort to Scale Up Nutrition will ensure that development assistance is aligned to the needs of populations with the roles of different supporting partners clearly identified and agreed.** This support will reflect the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, and will include close harmonization of donor efforts at the country level to encourage alignment. There will be a focus on results, performance-based allocation systems and mutual accountability between the communities being supported, partner countries and the broad range of groups who provide resources. Assistance will also be provided in a manner that is accessible, timely, predictable and ready to go to scale: it will be designed to help national strategies advance to action and then results. These principles help ensure that Scaling Up Nutrition is coordinated and mainstreamed, rather than being a series of individual nutrition strategies of development partners.
25. **External funding for Scaling Up Nutrition should primarily come from existing donor programmes at national and global levels.** The essential elements of the Scaling Up Nutrition effort include an emphasis on responding to country needs and requests, including for nutrition-focused development. Application of the Paris-Accra principles should ensure that financing from all sources is harmonized and aligned at country level. This applies to support for food security, for nutrition focused development across the sectors and for nutrition-specific interventions. In some cases, this may be expected to take the form of “basket funding” where funds from different sources are combined into a single fund at country level. In other cases, development partners will work in an alliance and coordinate what they do, and the channels they use for providing funds, an agreed arrangement for national leadership that is led by national authorities.
26. **As development partners engage within the effort to Scale Up Nutrition they will incorporate nutritional considerations within their development strategies across all sectors.** This applies to food security, maternal and child health, social protection, education, agricultural research and gender-based programmes. Development partners, including bilateral donors, intergovernmental organizations and multilateral development banks will work together on planning, coordination, implementation and monitoring, and establish alliances, at country level, to support national authorities to mobilize resources and close any gaps for financing of priority actions. Their alliances will work in ways that are innovative, transparent, coordinated and predictable; fully integrated with coordination mechanisms maintained through the SUN effort.
27. **The effort to Scale Up Nutrition will help both national authorities and development partners ensure that finances moving to countries yield measurable improvements within a defined time frame.** Development partners seek to link their development assistance to (a) strong leadership, (b) robust institutional arrangements that engage different strands of government and non-governmental actors, with (c) sound programme design, implementation and monitoring arrangements.
28. **Those interested to participate within the effort to Scale Up Nutrition will be invited to make specific commitments.** They can focus on ways to ensure sustained improvements through nutrition-focused development strategies. They can also focus on the “window of opportunity” for safeguarding nutrition (the 1000 days between conception and a child’s second birthday) - the period within which the foundation for

healthy adolescence and adulthood is laid. It is then that direct nutrition interventions (within a context of food security and nutrition-focused development) can lead to exceptionally high returns. Stakeholders are encouraged to commit to Scaling Up Nutrition through offering support for specific follow-up actions within and in support of countries, including advocacy, leadership, coordination and monitoring, as well as inspiring broad-based movements to improve child nutrition

IV Scaling Up Nutrition: Accountability, Responsibility and Leadership

Section IV proposes measures to ensure accountability, to improve coordination of support for country scale-up efforts and encourage greater leadership for the overall effort to Scale Up Nutrition. Accountability for actions to improve nutrition rests with Governments and relevant intergovernmental bodies. Responsibility for ensuring policy harmonization, effective coordination and reliable monitoring rests with the ECOSOC's Standing Committee on Nutrition. Nutrition Leaders' Groups will be formed to encourage leaders to become more intensively engaged in and committed to nutrition issues. Leaders will be encouraged to advocate for scaling up nutrition, to observe the progress of SUN efforts and to share experiences of what works – and what does not.

29. **Accountability for actions to improve nutrition rests with Governments, and is held jointly by three intergovernmental bodies** –the Committee on World Food Security (CFS), the World Health Assembly (WHA) and the Economic and Social Council (ECOSOC) of the United Nations General Assembly. Oversight of the effort to scale up nutrition – within the context of food security, health and social protection programmes - should be undertaken primarily by national governments – in ways that engage civil society and other stakeholders – and through regular (ideally annual) joint meetings of these governing bodies.
30. **The effort to Scale Up Nutrition needs strong stewardship to ensure that the different elements identified in this Road Map are implemented in a coordinated manner. It will make full use of existing intergovernmental systems for harmonizing policies, effective coordination and reliable monitoring.** Some of these functions are currently within the United Nations system Standing Committee on Nutrition's (UNSCN) mandate as formulated by the Economic and Social Committee of the United Nations' General Assembly (ECOSOC). Because the UNSCN is now reforming its working processes and governance, a SUN transition team, drawing on the SUN Road Map Task Team, the Road Map Reference Group, the UNSCN and other stakeholders, will coordinate collective efforts in support of Scaling Up Nutrition until the middle of 2011. The SUN transition team will analyse ways in which the functions required by the effort to Scale Up Nutrition can be coordinated in the longer term. The SUN Transition Team will focus primarily on synergized support for actions that result in long-term improvements in nutrition outcomes globally. It will seek to integrate the mandates and responsibilities of the different intergovernmental organizations and other interested parties represented in the UNSCN and other stakeholder organizations. It will - within a clear timeframe and agreed benchmarks - report on progress and make recommendations to the wider group of stakeholders on these longer term arrangements. In this way it will contribute to the on-going reform of the UN Standing Committee on Nutrition.
31. **National authorities and other participants in the effort to Scale Up Nutrition will be supported in realizing their commitments and obligations by multi-stakeholder "Nutrition Leaders Groups",** convened to advocate for prominence to be given to under nutrition with the urgency that is required. Nutrition Leaders' will use their political, organizational and corporate leadership to increase awareness of the nutrition challenge to a wide range of audiences and highlight the benefits of Scaling Up Nutrition to those countries wishing to participate. They will influence international and regional stakeholders who will have a financial and technical role in Scaling Up Nutrition. They will provide strategic insight and guidance to all stakeholders on how to overcome any challenges and threats to Scaling Up Nutrition. These include climate change, natural disasters, violent conflict, volatile food prices, rapid population growth, economic shocks and urbanization. Nutrition Leaders will encourage principled and innovative partnerships between groups of stakeholders – especially businesses, civil society and the public sector.

Annex 1: Milestones and timetables for action

Annex 1 of the Road Map sets out the process and timeframe for developing the interdependent mechanisms needed to help bring the effort to Scale Up Nutrition to life. National authorities of countries seeking to scale up will be stocktaking, developing country platforms and implementing SUN actions. They may need extra capacity to help develop platforms and programmes, to report on and account for progress, to communicate and advocate for nutrition, to support networks of civil society and businesses, and to update knowledge, standards and policies through engaging the research community. Donors will want to be sure that national authorities can access the funds and technical support they need. All participants in the effort to Scale Up Nutrition will want to ensure accountability and good coordination, and to encourage the emergence of nutrition leaders in all walks of life. The intention is that all the relevant mechanisms will be in place by the end of 2010.

The SUN Road Map will be taken forward along four interlinked dimensions:

- (a) Many national authorities of countries are engaged in Scaling Up Nutrition: between September and December 2010 the SUN Transition Team will call for an inventory of SUN prospects and plans by country in collaboration with a range of development partners. Linkages with Food Security Investment Plans and other related processes will be identified. Countries will be invited to indicate their needs for technical support (to develop platforms and plans, to scale up existing promising interventions and to finance on-going activities). An overall assessment of country progress, prospects, needs and vulnerabilities will be developed and the staging will be identified.
- (b) Systems to support SUN action at country level: Plans for support to different stages of country action will be developed after (a) a scoping of what is being done already, (b) development of specifications, (c) special attention to indicators and tracking systems, and (d) identification of donor alliances and both international and regional entities that will take on different support tasks. The Transition Team will play a key role in helping alliances of development partners coordinate their contributions.
- (c) Global mechanisms: Options for (a) SUN Communications, Advocacy Network and Movement, (b) Business and Civil Society Networks for SUN and (c) the Nutrition Leaders Groups will be taken forward during the October – December 2010 period.
- (d) Financing pathways: Options for coordinated financial and technical assistance to all countries – including the (at least) 8 initial scale-up countries - will be developed during 2010 – 2011 as the effort to Scale Up Nutrition is taken forward.

The intention is that there should be clarity in these four areas by the end of 2010.

Annex 2: Definitions

Acute hunger	Acute Hunger is when lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. 'Hidden hunger' is a lack of essential micronutrients in diets.
Disability Adjusted Life Years (DALY)	DALY is the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability (WHO)
Food security	When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signalling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.
Malnutrition	An abnormal physiological condition caused by inadequate, excessive or imbalanced intake in macronutrients, -carbohydrates, protein , fats - and micronutrients
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger - has two associated indicators for its hunger target: 1) Prevalence of underweight among children under five years of age measures undernutrition at an individual level, collated by WHO and maintained in a global database on nutrition that allows comparability across countries. 2) Proportion of the population below a minimum level of dietary energy consumption measures hunger and food security, and is measured only at a national level (not at an individual level) through national food balance sheets based on aggregate data on food availability and assumed patterns of food distribution in each country. However, increased aggregate food availability is <u>not</u> synonymous with improved nutritional status.
Nutrition security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median or 3 SD or more below the mean international reference values, the presence of bilateral pitting oedema, or a mid-upper arm circumference of less than 115 mm in children 6 – 60 months old.
Stunting	Reflects shortness-for-age; an indicator of chronic malnutrition and calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children
Undernutrition	When the body does not have adequate amounts of one or more nutrients reflected in biochemical tests (e.g. Haemoglobin level for iron deficiency anaemia), in anthropometric indicators such as stunting (low height-for-age) or wasting (low weight-for-height) and/or in clinical signs (e.g. goitre for iodine deficiency or bilateral oedema).
Underweight	Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.
Wasting	Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality.

Annex 3: SUN Stakeholders

- 1) A variety of different stakeholders is already involved in the development of the SUN Framework. As the effort to scale up is taken forward, so an increasing number of these stakeholders will become engaged. At the national level – especially in the countries whose people are most affected by under-nutrition, a broad range of central government Ministries, ideally with leadership from the Head of Government, should be engaged and encouraged to work for a single set of nutritional outcomes. These include Ministries responsible for Finance, and Trade, Health, Agriculture and Food, Education, Social Welfare and Gender, Humanitarian Action and Crisis response. Similar responsible authorities within State and local government should also be involved.
- 2) There is a major role for Civil Society (including women’s groups, children’s advocates, consumer groups, farmers’ organizations and groups advocating for the realization of human rights) at the country and community level. But there is also a vital contribution to be made by international non-Governmental bodies with a strong community presence, often with years of empirical experience and with a great deal of capacity for action, advocacy and supporting accountability
- 3) There is a growing awareness and desire for the private sector to help eradicate malnutrition. For this it is important that the public and private sectors have a constructive and well defined partnership on coherent, efficient and effective solutions that are sustainable and scalable. The private sector has potentially much to offer to the effort to Scale Up Nutrition in terms of capabilities, resources and increasingly interest to effectively address malnutrition in their strategy and operations. Including their R&D expertise, market and consumer insights, and distribution capabilities in local markets could strengthen the achievement of common goals as set out in the SUN Framework
- 4) Regional and sub-regional bodies are increasingly engaged in support for food security, social welfare, health and humanitarian outcomes: there is ever-increasing scope for ensuring that these valuable regional and capabilities build on their relations with national authorities and link actions on food and nutrition security, societal resilience and the nutritional well-being of women, children and vulnerable populations. Such links are increasingly evident within the African Union’s Comprehensive Africa Agriculture Development Programme (CAADP), as well as in the activities of ASEAN, SAARC, and MERCOSUR.
- 5) The Research Community has a key role to play in all aspects of SUN not least because of the need to pursue effective interventions and to document their impact.
- 6) Development partners: Multilateral Development Banks, Philanthropic Foundations and Donor Agencies also have critical contributions to make and other stakeholders need to understand the conditions for their engagement in all aspects of this Road Map – especially in the sustained financing of attempts to strengthen country capacity and action.
- 7) The International Organizations are vital participants. These include the two organizations with major nutrition support activities at the country and community level – UNICEF and the World Food Programme, the vital contributions of specialized agencies (including WHO and FAO), and the important policy, institutional and financial support provided through the World Bank on behalf of the governments who access its resources. The Specialized agencies provide a context through which all Member States can come together to (a) agree upon actions, (b) report on progress, (c) establish norms and standards, and (d) secure greater government and international commitment to collective action. Well-functioning coordination between international organizations, the World Bank and regional Development Banks, their coordination mechanisms (such as SCN, HLTF and OCHA) and between the various governance bodies of Member States (UN General Assembly, ECOSOC, World Health Assembly, FAO Council, Committee on World Food

Security) is critically important and though it has not proved easy to achieve effective governance in the nutrition field, the effort to seek and sustain harmony must be maintained especially at this time of opportunity.

Annex 4: Recent global initiatives that will contribute to Scaling Up Nutrition

- 1) The informal Global Partnership for Agriculture, Food Security and Nutrition (GPAFSN) which builds on the July 2009 L'Aquila Food Security Initiative (AFSI), the five Rome Principles for Sustainable Global Food Security, the UN High Level Task Force on the Global Food Security Crisis (HLTF) and the Comprehensive Framework for Action (CFA), the Committee on World Food Security (CFS) and the new World Bank-managed pass through funding mechanism for comprehensive food security actions (the Global Agriculture and Food Security Programme - GAFSP).
- 2) The resolution – by delegates at the 63rd World Health Assembly in May 2010 – that all Member States should scale up interventions to improve infant and young child nutrition. This reflects the consistent finding that malnutrition is responsible for 11% of the Global Burden of Disease. WHO is requested (a) to strengthen collaboration with other United Nations agencies and international organizations and (b) to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multi-sectoral nutrition framework.
- 3) The Global Strategy for Women's and Children's Health (MNCH) being championed by the UN Secretary General: this will be released at the MDG Summit at the end of September 2010 and contains important references to the importance of good nutrition as a contributor to Maternal and Newborn Child Health. This is an important link to build on.
- 4) The Rapid Social Response programme established with support from several bilateral donors in response to the recent economic crises: The programme is designed to provide rapid responses to the economic shocks experienced by countries with a special focus on the poor and the vulnerable in these countries.
- 5) The REACH process is an approach to programme strengthening developed by the UN system, designed to support and strengthen country partnership platforms on the basis of a facilitated analysis of need and capacities. It includes building blocks of stocktaking and mapping, development of multi-stakeholder partnerships, and mutual accountability based on mutual respect, confidence and trust.
- 6) The Results-Based Financing initiative being championed by many bilateral and multilateral partners (including Norway and the UK) offer a very promising existing approach to build upon. This approach integrates the focus on evidence, results, and aid-effectiveness.

Annex 5:

Indicators to monitor the implementation and achievements of SUN

Indicator	Definition	Rationale for the choice	Remarks
1) Proportion of stunted children below age five (< 2yrs and 2-5yrs)	Height-for-age < -2 standard deviations (SD) of the WHO Child Growth Standards median	Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity.	Height has been measured in all recent surveys
2) Proportion of wasted children below age five (< 2yrs and 2-5yrs)	Weight-for-height < -2 standard deviations (SD) of the WHO Child Growth Standards median	Wasting in children is a reflection of acute undernutrition, usually as a consequence of insufficient food intake and/ or a high incidence of infectious diseases, especially diarrhoea.	This is a sensitive index of short-term events (e.g. famines, emergencies)
3) Proportion of women in reproductive age with Hb<11 g/dL	- Pregnant women with Hb < 11 g/dL at sea level - Non-pregnant women (age 15+ yrs) as Hb < 12 g/dL at sea level	Anaemia is associated with increased risks of maternal mortality. Iron-deficiency anaemia is the most prevalent micronutrient deficiency that reduces the work capacity of individuals and entire populations, with serious consequences for the economy and national development.	The finger-prick blood sample test is easy to administer in the field. The test could be easily integrated in regular health or prenatal visit to capture all women in reproductive ages. Cost of equipment may be prohibitive
4) Incidence of low birthweight	Weight at birth of < 2500 grams (5.5 pounds)	At population level, the proportion of infants with a low birth weight is an indicator of a multifaceted public health problem that includes long-term maternal malnutrition, ill health, laborious work and poor health care in pregnancy.	A very important indicator that is difficult to collect in populations with low hospital delivery coverage. Almost 60 per cent of newborns in developing countries are not weighed; in South Asia, which has the highest incidence of low-birthweight babies, that figure is over 70 per cent. Although UNICEF and WHO have adjusted the under-reporting and misreporting of birthweights, reported rates may still underestimate the magnitude of the problem.
5) Proportion of overweight children below age five (< 2yrs and 2-5yrs)	Weight-for-height > +2 standard deviations (SD) of the WHO Child Growth Standards median	Childhood overweight is associated with a higher probability of overweight in adulthood, which can lead to a variety of disabilities and diseases, such as diabetes and cardiovascular diseases.	A relevant indicator given the double burden of malnutrition in children under 5 and obtained at no extra cost in nutrition surveys that measure weight and height

6) Proportion of population below minimum level of dietary energy consumption	This is FAO measure of food deprivation, referred to as the prevalence of undernourishment and it is based on a comparison of usual food consumption expressed in terms of dietary energy (kcal) with minimum energy requirement norms. The part of the population with food consumption below the minimum energy requirement is considered underfed.	The indicator is a measure of an important aspect of food insecurity in a population.	
7) The household dietary diversity score (HDDS)	HDDS is a summing up (using 24 hrs recall) of how many of a common list of 12 food groups were consumed by members of the household: Cereals, Fish and seafood, Root and tubers, Pulses/legumes/nuts, Vegetables, Milk and milk products, Fruits, Oil/fats, Meat, poultry, offal, Sugar/honey, Eggs, Miscellaneous.	Dietary diversity (DD) relates to nutrient adequacy (coverage of basic needs in terms of macro and micro nutrients) and to diet variety/balance, which are two of the main components of diet quality. DD score do not indicate the quantity of food consumed; diet varies across seasons; there may be urban/rural differentials in dietary diversity.	* As indicators of the diet quality, DD scores are of direct relevance to MDG 1; Achieving better DD is also of great help in pursuing MDGs 4, 5 and 6. * DD Challenges: Confounding effects of socio-economic factors, meaningful food groups, diversity questionnaire of DHS has not been validated and does not include the necessary quantitative dietary intake to validate the diversity indicator, different dietary patterns, scoring system, cut-offs of the score and which recall periods (min 3 days, max 15 days)
8) Infants under 6 months who are exclusively breastfed	It is the proportion of infants aged 0–5 months who are fed exclusively on breast milk.	An expert review of evidence showed that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter, infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.	
9) Proportion of children 6–23 months who receive a minimum acceptable diet	The composite indicator is calculated from: the proportion of breastfed children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day and, the proportion of non-breastfed children aged 6–23 months who received at least two milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day.	A minimum acceptable diet is essential to ensure appropriate growth and development of infants and young children. Without adequate diversity and meal frequency, infants and young children are vulnerable to malnutrition, especially stunting and micronutrient deficiencies, and to increased morbidity and mortality.	

Acknowledgements:

The SUN Task Team:

At the beginning of June 2010 a 12 person Task Team was nominated to develop recommendations for the means through which multiple stakeholders could work together to make the SUN Framework come to life. They worked hard to set out the pathways, processes and milestones for this collective effort so that the effort to Scale Up Nutrition leads to real, and sustained, improvements in nutrition in countries most affected by under-nutrition. In the end 10 of the nominees joined the four Task Team meetings - from developing and middle income country governments, civil society organizations, donor development partners, international financing institutions, philanthropic entities, academia and the business community. They participated in their personal capacities, meeting by teleconference and providing written comments on the drafting process. Their work is a collective endeavour for the public good: the Task Team agreed that no individual institution, agency or country would be identified in the final Road Map.

SUN Working Groups:

The Task Team was supported by five working groups. Made up of over 140 participants from around the world, the working groups provided recommendations for action to scale up nutrition through: (a) stronger national (country-level) capacities and systems (b) effective campaigning and advocacy for the nutrition scale-up, (c) social movements for scaling up nutrition, (d) the sustained engagement of development agencies in support for scaled-up nutritional outcomes and (e) the successful and appropriate involvement of commercial enterprises. The Working Groups were guided in their work by co-facilitators from civil society, the UN system and donor agencies through a web based platform hosted by the UN SCN⁶.

Support Team:

Advice to the Task Team and the Working groups was provided by a Reference Group of UN system agencies, funds and programmes with mandates to work on nutrition, including the Standing Committee on Nutrition and the REACH Initiative. The process was chaired by the Special Representative of the UN Secretary-General for Food Security and Nutrition with support from the United Nations Standing Committee on Nutrition, the office of the SRSG for Food Security and Nutrition, two independent consultants, and staff from the Boston Consulting Group (whose services were offered free of charge).

⁶ (http://www.unscn.org/en/nutworking/scaling_up_nutrition_sun/sun_working_groups.php)