Landscape Analysis on countries' readiness to accelerate action in nutrition

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Rates of change in child underweight prevalences (ppts/yr) during rapidly improving phases in selected countries, and programmes operating at those times

<table>
<thead>
<tr>
<th>Country</th>
<th>Period</th>
<th>Rate of Improvement Ppts/yr</th>
<th>Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>1990-2004</td>
<td>1.4</td>
<td>BNIP etc</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1987-2002</td>
<td>1.0</td>
<td>UPGK etc</td>
</tr>
<tr>
<td>Thailand</td>
<td>1982-1990</td>
<td>2.6</td>
<td>National</td>
</tr>
<tr>
<td></td>
<td>1982-2006</td>
<td>1.1</td>
<td>National</td>
</tr>
<tr>
<td>Vietnam</td>
<td>1994-2005</td>
<td>1.7</td>
<td>National</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1986-2003</td>
<td>0.8</td>
<td>Iringa</td>
</tr>
<tr>
<td></td>
<td>1990’s</td>
<td>1 approx</td>
<td>CSD</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>1979-89</td>
<td>1-1.5</td>
<td>Social Plan</td>
</tr>
<tr>
<td>Jamaica</td>
<td>1985-89</td>
<td>1.9</td>
<td>CH Aides</td>
</tr>
</tbody>
</table>

Sources: 6th Report; DCP2, Ch 56
Progress in exclusive breastfeeding rates

Trends in the percentage of infants under 6 months old who are exclusively breastfed

- Around 1995
- Around 2008

Africa:
- Around 1995: 26%
- Around 2008: 32%

Asia*:
- Around 1995: 38%
- Around 2008: 42%

Developing countries*:
- Around 1995: 33%
- Around 2008: 37%

* Excludes China due to lack of data.

Note: Analysis is based on a subset of 88 countries with trend data, including 83 developing countries, covering 73 per cent of births in the developing world.

Source: MICS, DHS and other national surveys, around 1995 to around 2008.
Prevalence of exclusive breastfeeding among children <6 months of age

Global Trend

Source: WHO Global Data Bank on IYCF
Progress in vitamin A supplementation coverage

Percentage of children 6–59 months old reached with two doses of vitamin A, 2000–2008

Note: Vitamin A supplementation two-dose (full coverage) trends are based on a subset of 16 African countries and 18 least developed countries with data in even years between 2000 and 2008 and on a subset of 11 Asian countries with data in even years between 2002 and 2008. The trend line for Asia begins in 2002 because of a lack of data for trend analysis prior to that.

Landscape Analysis of countries' readiness to accelerate action in nutrition

Percentage of households consuming adequately iodized salt (2000-2007)

Source: UNICEF Global Database, 2008

Percent
- Last than 50 per cent
- 50 - 80 per cent
- 80 per cent or higher
- Data not available
Why is progress not faster?

- Inadequate investments
- Inadequate coordination for delivering interventions
- Inadequate coverage
- Inadequate focus on lifecourse
- Inadequate focus on social determinants
- Inadequate nutrition governance
What is the Landscape Analysis?

- “Readiness Analysis” — assessing gaps/constraints
  — identify opportunities to integrate/scale up nutrition-related actions in countries

  - ability to act (capacity)
  - willingness to act (commitment)

Providing a framework for guiding consolidated / harmonized action
  - at the country level
  - for international investment

where to invest and how to invest
Components of the Landscape Analysis

1. Developing country typologies of "readiness"

2. In-depth country assessment

3. Nutrition Landscape Information System (NLIS)
   - integrated nutrition country profiles
   - linked dynamically to WHO Global Nutrition Databases
   - improved access to nutrition information across multiple sources

Available at: http://www.who.int/nutrition/nlis
Assessing countries based on needs (i.e. severity and trends) in child stunting and maternal anemia

Assessing countries' readiness to scale up action in nutrition

**proxy indicators:**

- **Commitment:** Nutrition governance
  - intersectoral mechanism
  - national nutrition policy/strategy
  - budget for implementation
  - regular nutrition monitoring and surveillance
  - nutrition budget in health budget

- **Capacity:** Health care and system capacity through nurse density

- **Social context:** Girls school enrolment / female literacy
### Classification of countries to guide strategic actions

<table>
<thead>
<tr>
<th>Ready</th>
<th>Need to help build capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Better Health System Capacity</strong></td>
<td><strong>Poor Health System Capacity</strong></td>
</tr>
<tr>
<td><strong>Strong Nutrition Governance</strong></td>
<td><strong>Weaker Nutrition Governance</strong></td>
</tr>
<tr>
<td>Vietnam</td>
<td>Bangladesh</td>
</tr>
<tr>
<td>Indonesia</td>
<td>India</td>
</tr>
<tr>
<td>Kenya</td>
<td>Myanmar</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Nepal</td>
</tr>
<tr>
<td>South Africa</td>
<td>Nigeria</td>
</tr>
<tr>
<td><strong>Weaker Nutrition Governance</strong></td>
<td><strong>Strong Nutrition Governance</strong></td>
</tr>
<tr>
<td>Egypt</td>
<td>Ethiopia</td>
</tr>
<tr>
<td>Peru</td>
<td>Cameroon</td>
</tr>
<tr>
<td>Philippines</td>
<td>Burkina Faso</td>
</tr>
<tr>
<td><strong>Not improving child stunting and maternal anemia</strong></td>
<td><strong>Not improving both child stunting and maternal anemia</strong></td>
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**MCU groups** (from stunting and anemia level and trend)

**Readiness Factor**

- Ready: Good opportunity to accelerate action
- Need to help build capacity
2. In-depth country assessment

— Burkina Faso, Ghana, Guatemala, Madagascar and Peru (2008)
— Comoros, South Africa and Timor-Leste (2009)

Cross-cutting issues identified through country assessment

1. Existing nutrition architecture at country level
2. Inadequate ‘consumer demand’ and understanding of the extent and severity of nutrition problems
3. Missing or ineffective monitoring and evaluation processes
4. National nutrition policies are not fully operationalised and do not translate into programmes
5. Human resource capacity for public health nutrition is insufficient
6. Community-based outreach of preventive nutrition action is limited
Messages

- There are countries with different stages of "readiness" in accelerating action – need to adapt the intervention strategies
- Need to build human resource capacity for public health nutrition
- Need to promoting community-based outreach of preventive nutrition action
- Need to develop nutrition programme communication strategies to highlight the importance of lifecourse perspective
- Need to support strengthen national nutrition surveillance system
- Need to strengthen translation of national nutrition policies into programmes
- Renewed opportunities and nutrition architecture exist at country level to capitalize on